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# THE JOURNAL

OF THE

# AMERICAN INSTITUTE

OF

# HOMŒOPATHY

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Vol. VI No. 12

STORAGE

PUBLISHED MONTHLY BY THE
AMERICAN INSTITUTE OF HOMŒOPATHY
917 Marshall Field Building
CHICAGO, ILL.

Subscription Rates: United States and Mexico, $2.00 a year in advance. Postal Union, $2.50 a year in advance. Single copy, 25 cents.

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| 3 to 4 | 2.50 | 3.25 | 4.50 |
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| 12 to 16 | 9.00 | 11.00 | 13.50 |

Orders for reprints should be attached to the manuscript.

Press work done by BOWMAN PUBLISHING CO., 526 Davis St., Evanston, Ill.

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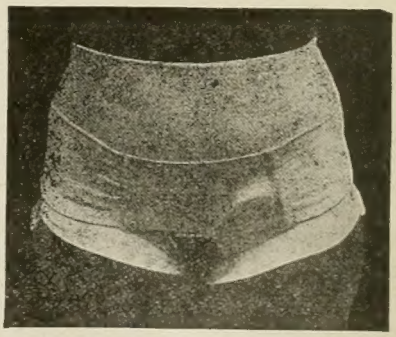

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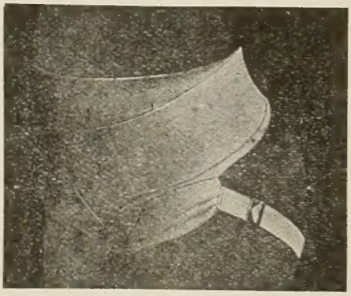

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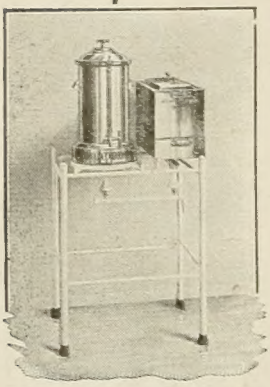

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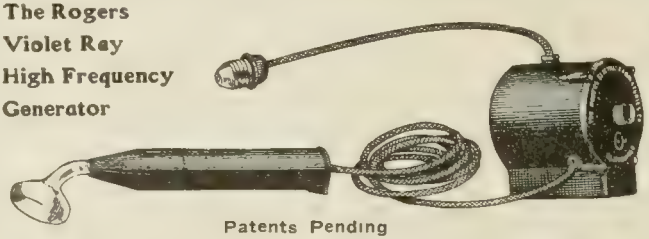

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Address all communications to **The Journal of the American Institute of Homœopathy, 917 Marshall Field Building, Chicago, Illinois.**

**Vol. VI** **JUNE, 1914** **No. 12**


## Contributed Articles.

### DRUG PROVING METHODS OF THE FUTURE.

PHILIP RICE, M. D., SAN FRANCISCO.

The editorial touching the subject of drug proving which appeared in these columns in the April number and signed "J. R. H." leads one to speculate on the methods which the Institute Committee on Drug Proving will adopt and the scope of the work they will outline when the work shall again be taken up. This speculation seems justified in view of the results of our past labors in this line.

Much time, labor and money has been devoted to this department of our work, as we all know. And with what results? Speaking broadly the result is the accumulation of an enormous, unwieldy, and to the student and average physician, a stupifying mass of raw material, which we call our materia medica. And this we apparently have thought constituted all that was needed for a rational and practical materia medica, or all that could be obtained for such work. It is unquestionably true that with it we have been able to accomplish some splendid results in the curing of disease; but this evidence should

not lead us to think that no other or better method and arrangement is sorely needed.

However, it must be clear that the very general spirit of drug nihilism, the rampant laboratory experimentation and the insatiable desire for surgery prevalent today can be ascribed to no other cause than the fact that physicians are ignorant of the subject of drug action; are unable to successfully choose the appropriate remedy at the bedside.

Surely no sensible person will ask for the addition of more remedies and more symptoms to our materia medica unless he can at the same time be given a more expeditious method for handling them. To add more is to make, if I may be allowed the expression, an impossible task more impossible.

We have, as I have said, an enormous and unwieldy mass of raw material as a result of our past efforts in the matter of drug proving. I call it raw material because it really is nothing else. It is nothing more than the orderly pile of lumber outside the mill. It has been sawed out and piled up; the boards in one place, the shingles in another, the scantlings in another, and so on; and the student or physician is at liberty to go and pick from any pile and put together in any way that suits his fancy.

Now the question arises: Will the Institute Committee on Drug Proving continue with the old methods, and add to our burdens by adding more remedies and more symptoms, or will it, when it meets again, take up the work of devising some scheme which will enable us to apply more accurately and skillfully the material we already have, as well as that which further provings will produce? Granting that it will want to do the latter, some one may say, how shall it begin? What can be done that has not already been done? What has been overlooked in the past that is essential for a sound and practical materia medica?

In answer let me ask: Besides gathering symptoms—products of disease—what more has been done? Isn't it a fact that we have consumed our energies as fully in the pursuit of symptoms as the bacteriologist has his in the search for bacteria and the pathologist his in the search for morbid anatomy? Just exactly the same. And furthermore, isn't it also true that in doing this we overlook the factor of greatest importance,

the individual patient or prover, as completely as these experimenters have done? Truly this we have done, and with the result that we are almost as far from having a rational therapeutic method as they are. We seem to have had no thought for anything except symptoms in our past provings, and these we ground out with dogged determination and untiring zeal. The provers and all they had to tell us as organized individuals we swept aside as so much rubbish. That which makes the individual individual—that which makes individuality—meant no more apparently than geological formations mean to the savage in Zululand. In the one case the soil grows symptoms and in the other cocoanuts, and if the crop is big everybody is satisfied.

We all readily admit that individuality is the biggest factor in our work; yet how shall we ever know anything about it if we keep on neglecting it as we have done? To say that we can learn all we need to know about it by the character of the symptoms which we are able to develop in a proving is not much better than to say that we can learn all we need to know about the soil by the cocoanuts that are grown. The fact is, all persons will not develop symptoms in a proving; nor do those who do so develop them alike. The cause underlying this variation in reaction must have some meaning. It can hardly be enough to just gather up such symptoms as are produced and throw everything else aside as worthless or nearly so. So far as I am able to ascertain no work on materia medica takes up this matter of susceptibility, this cause of variation, and discusses it in anything like a thorough manner. In fact, nothing more than an incidental reference is ever made to it.

What causes variation? Difference in organization, in temperament, in morphological combination; this makes the difference in susceptibility because it is the basis of individuality, the basis of the character of our functions and our reactions. This biology teaches when it teaches that in all organized life certain organic forms are always associated with certain psychic processes, and physiology teaches when it teaches that certain organized forms are always associated with certain functions and certain reactions. These sciences, in other words, teach that the anatomical fact determines the physiological and the psychical.

Now, this great fundamental factor we have overlooked in the past. The character of the organization of the prover has meant nothing to us, except that he had some element of disease in his make-up. If well and he produce symptoms all right, and if he didn't it made no difference so far as our analysis of his organization went. He may have had a dominant nervous organization and a deficient muscular to which either his immunity or his susceptibility were due, yet we have made little of the fact. Or again, it may have been that in a prover there was an inharmonious relation in development between the hepatic and cardiac systems to which such reactions as he had were due. Yet this too has been ignored in the summary of the symptoms. The consequence of this neglect is that we are unable to understand the symptoms in our materia medica because we do not understand the individual upon whom we develop them in the proving and in whom they appear as disease.

## DIAGNOSIS AND TREATMENT OF AUTO-INTOXICATION.*

J. RICHEY HORNER, A. M., M. D., CLEVELAND.

The search for the cause of disease is going on in countless laboratories throughout the world. Every once in a while the workers are meeting with success in some one particular instance and at once begins the fight to prevent the operation of that cause. It needs but the mention of yellow fever, malaria, meningitis, typhoid fever, syphilis, to bring to the mind a realization of the advance during the past century in discovery and prevention. No longer is the world satisfied with generalization. Medicine, while far from being an exact science in all its parts, is fast approaching that goal and there is not now the utter hopelessness that once prevailed.

It has, however, fallen to the lot of auto-intoxication, in a measure, at least, to take the place of malaria in being the ascribed cause for a number of conditions the physician is called upon to treat. It seems as though wherever the cause for a certain train of symptoms cannot be definitely located, auto-intoxication is called in to fill the gap in knowledge. Then

* Read before the Ohio State Homœopathic Medical Society, May 11, 1914.

come sins of commission and omission with the patient as the sufferer.

By auto-intoxication we mean a deleterious action on the body cells exerted by toxins which are endogenous. These toxins may result from alterations in the character of the secretions of the glands of internal secretion. Here are concerned the thyroid, the pituitary, the pancreas and others of which little is known but which do secrete fluids which excite secretion in closely related glandular structures. There are toxins which are the result of lack of elimination of toxic catabolic products as in uremia and jaundice. Some tissues undergo a disintegration which results in more or less powerful intoxication. Impaired metabolism is another and frequent condition causing alteration in the function of tissues.

With this broad field noted, it is easy to realize the difficulty at times experienced by the diagnostician in avoiding the temptation to dispose of an obscure case by relegating it to the class of endogenous intoxication. As a matter of fact, his only safety lies in a rigid adherence to the process of elimination. Make diagnosis of auto-intoxication only when the possibility of all other diagnoses has been positively eliminated.

Probably no structure in the body is more susceptible to the deleterious influence of toxins than is nerve tissue. They act by changing the nerve impulse following impregnation of the nerve center with a toxin. It has been demonstrated that changes in the secretions of internal glands produce definite syndromes, while absorption of the results of alimentary putrefaction is believed to be a large factor in the development of chronic nerve disorders, though not so definite a knowledge of the modus operandi is recorded.

While it cannot be said that constipation is always a sign of auto-intoxication, insanity of a depressive type is almost always caused by auto-intoxication, and constipation is a very large factor in this. It is almost always true that there are present other symptoms of the absorption of toxins. So many cases of insanity have been relieved by the removal of intestinal obstruction or the cure of sluggishness of the intestines that this latter condition is one which commands the earnest attention of the alienist. The symptoms will not always be of

a depressing nature, for frequently cases of acute mania are cured by attention to and relief of faulty elimination.

In considering, particularly, nervous diseases and auto-intoxication, we must distinguish between a condition in which there is an organic disease of some integral nerve structure, and a general infection of the nervous system with the absorption of toxins as a causal factor. I mean by this that we may have, for instance, a multiple sclerosis with an associated intoxication but due to trauma. Or we may have the same disease due to an intoxication with associated trauma. From a medico-legal standpoint a distinction between these two conditions is of vital importance in many a case. Many of the diseases of the nervous system have auto-intoxication as a part of their history. We find it not only in the functional forms but in those with organic lesions. Tabes and multiple sclerosis generally show it. In epilepsy it is almost always present. Migraine is caused by it.

The process of a diagnosis of intestinal intoxication is purely a process of elimination. Prove that your patient has no other disease and you are justified in calling his ailment intoxication. It is, however, proper to consider what symptoms may be met. Headache is one of them. In fact, so frequently does it accompany absorption of toxins from the intestinal tract, that we are apt to consider it pathognomonic, but it is not. We may have a most pronounced infection and no headache result, while headache may be caused by any number of abnormal conditions. Constipation, as has been noted, usually figures as a factor and it must be taken into serious consideration. The most likely condition to be found, however, is alternate diarrhea and constipation.

As we do find cases of auto-intoxication due almost entirely to the absorption of intestinal contents, it becomes important to know of what these may consist. At least one-third by bulk is bacteria. Estimates of their number in this mass run all the way from twelve to fifteen billions or more. Fortunately not by any means all of these are toxic. Many are perfectly harmless except for one thing, they consume oxygen which is necessary for the activity of those bacteria whose office is to combat pernicious activity of those germs which are disease-producing. About one-sixth of the mass is debris

from the intestinal mucosa. Normally the amount of feces may be considered as from 125 to 150 grams, corresponding to 15 to 20 grams of dried substance.

The decomposition products of the proteids in the feces are leucin, tyrosin, indol, skatol and bodies of the phenol and aromatic acid group. No facts of diagnostic value are known concerning the presence of leucin and tyrosin and an estimate of the amount of indol and skatol in the feces is made from a determination of the amount of indoxyl in the urine. The diagnostic value of an increased secretion of this product is almost confined to demonstration of the milder forms of intestinal disturbance showing the probability of the presence there of conditions which make for intestinal intoxication.

But after all, it is the treatment which most interests the patient and which really ought to most interest the doctor. As a matter of fact it is rather astonishing how much time and text-book space are devoted to telling all about a given pathological condition and how little consideration is given to treatment. Of course it does make interesting reading, but the patient is looking for help.

Elimination is the foundation upon which we must build our treatment as well as our diagnosis. It is the logical way. There is in the system a poison which is sapping its vitality. It is logical to attempt to get that poison out of the system and thus stop its ravages. There are but few drugs which act curatively in their elimination. They do eliminate but the reaction which follows is always hurtful to the patient. This cannot be said of water and water is the great eliminant. It is indicated in practically every one of the diseases which comes as a result of auto-intoxication. It is frequently, however, used in a way which is productive of harm rather than good. The effect of water used internally or externally differs with both its temperature and quantity. The effect of water on the circulation becomes a vital matter in those auto-intoxications which are accompanied with a dangerous rise in blood pressure. "Cold water diminishes the pulse and generally raises the blood pressure unless it is very cold, when in some cases it lowers the pressure. Hot water on the contrary increases the rapidity of the pulse and raises the blood pressure, while lukewarm water (77-86)

diminishes it. The lowering of blood pressure is in proportion to the lowering of the temperature of the water drunk; the contrary effect being produced by the higher temperatures. Water at a medium temperature has very little effect. It is reasonable to argue that the effect of water used internally differs even as it does used externally, and that it does vary thus goes without saying. And why? Because the effect is the result of its action on the vasomotor nerves. Action comes altogether too soon to be the result of an increase of water in the blood. So we have here the same phenomenon displayed, when water is used internally as when it is used externally.

The use of water as an eliminant in renal complications must be based, not upon the idea of the amount of water imbibed, but upon temperature and methods. Elimination of fluids by way of the kidneys depends upon the pressure with which the blood circulates, and the consequent enhanced force of its stream through these organs. In your next case of acute nephritis try the effect of the use of small quantities of very cold water repeated at half-hourly intervals and note the prompt diuretic effect following. This treatment is contra-indicated if the vasomotor system has been disabled, as you will find in the early edema of cardiac and renal disease because, as we have noted, action by the fluid is by way of these nerves. It is not logical to add water in large quantities to an already overburdened system, hence such prescription in case of dropsy is a decided mistake. The proper thing would be to withdraw water and watery foods as much as possible.

The intestinal canal has often been likened to a sewer carrying off the refuse material from the body. The use of water to flush it is one of long standing. It is, perhaps, unfortunate that the above simile has been used, for there are so many differences involved that errors have been committed because these differences have not been taken into consideration. The contents of the intestines move along because of peristaltic action on the part of the intestinal walls and if these contents do not move, ruling out mechanical blocking, it is mostly because of inactivity on the part of the intestinal walls. They are the propelling power. As they are elastic, simply distending the intestinal walls makes for a still further diminution of their power just as you weaken a rubber band if you stretch it

too much. Here was the fallacy of the treatment of constipation by the injection into the rectum of very large quantities of water, a method in vogue for so many years. While bulk is necessary for action, it must be remembered that even here we can get too much and enough is plenty.

Comparatively little of the water taken into the stomach is digested there. More than ninety per cent of it passes into the duodenum unchanged, beyond its admixture with the secretions of the stomach, and it moves on in a short time. A half hour after ingestion, the water has left the stomach. Given an intestinal stasis, the result of lax muscular fibre, the indication for treatment is stimulation. Hence it is that in many cases a glass of ice cold water taken the very first thing in the morning will be followed by a free evacuation.

There can be no question but that the internal use of water as a routine habit has a large effect in relieving the conditions of the intestines which promote constipation and its sequel, auto-intoxication. One should take normally certainly not less than two quarts of water during the twenty-four hours. The larger part should be taken just before meals. That is, one should drink just before each meal, say two glasses of water. This quantity should be supplemented by taking a like total during the day, although it is not wise to drink either during or just after the meal.

There are other factors which cannot be neglected. There is a psychological element involved. No one who has suffered from the effects of neglecting to respond to the stimulus of the sphincter which indicates pressure of fecal matter upon it will deny this. The subsequent insensitiveness of the sphincter and the rectum following repeated neglect of the call will be very difficult to cure. Then, too, we are creatures of habit, perhaps to a greater degree in this one of our personal attributes than in any other. There are individuals whose bowels act with clocklike regularity. There are others who never pay any attention to it until they get the bad effects of their neglect. Usually in the morning after breakfast is the best time, not alone because it may be the most convenient time but because the advancement of the colon contents has been found to be most marked just after that meal. Even without the presence of desire, the attempt should be made because the

effort may force fecal matter into the rectum and so result in the regular defecation reflexes and the passage of the stool.

Factors in healthful living should be considered. Among these, and I can but mention them, are exercise, massage and proper food. Exercise by creating rapid changes in intra-abdominal pressure tends to promote defecation. Hunger is increased and thus the bulk of food is augmented.

Massage increases oxidation, enabling the blood to take in more oxygen, increases the flow of saliva and doubles the flow of gastric juice. It hastens the portal circulation of lymph, stimulates absorption and diminishes the formation of gas. It also relieves the congestion of the solar plexus. At times there may be such a lax condition of the abdominal walls that a support may be needed. This should extend from the navel to the symphysis, should be applied before rising and worn all day.

Foods tend to promote peristalsis by reason of their bulk and by their mechanical and chemical action. A neutral diet is required, one free from xanthin bodies with a minimum of mineral salts. Ready access to the oxygen in the process of internal respiration converts these into products easy of elimination. Starches are digestible in alkaline medium, hence these, together with mineral salts, carbohydrates and sugars should be mixed as little as possible with acids.

Abundant mixed food might well be the slogan for the habitually constipated. Coarse foods and foods with fibre are the best, for we must take into consideration the amount of residue as well as the amount of nutrition.

Any agents which will give bulk to fecal matter must be remembered in the efforts to clear the intestines Agar agar, unground flax seed and the seeds of the plantain plant are in this class. They absorb water, become mucilaginous and increase and soften the fecal mass. Liquid paraffin and albolene will promote activity by lubricating the intestinal walls. The nightly injection into the rectum of a pint of olive oil to be retained, will help.

Surgical measures do not come within the province of this paper. The work of Sir Arbuthnot Lane is paralleled by that of Metchnikoff in that they both war upon the colon. Mr. Lane would entirely eliminate it by the surgical procedure of

short-circuiting the contents of the intestine direct from the cecum to the rectum. Metchnikoff would render innocuous the normal and abnormal contents of the colon. His pronouncement is proving to be more of a theory than anything else. It is based upon the proposition to grow germs within the colon which will combat the growth of disease-producing germs. It seems a pity to concentrate all we shall have to say upon this really very interesting and important subject in this short paragraph, but to tell the whole story would take a book and bring us to no definite conclusions.

Those of us who have practiced medicine for many years need no one to tell us that the homœopathic remedy will, if given a fair chance, prove its effectiveness. By a fair chance I mean that it must not be expected to accomplish impossibilities. What the remedy is going to do for any one particular case depends on so many things that it will have to be studied out with care.

The subject of the use of water externally is of such vast proportions that we have not attempted to discuss it. As an eliminant, the skin has its large place in the animal economy and the use of the baths of the varied sorts noted in the textbooks on hydrotherapy is a very effective form of treatment.

In closing and in this connection, we cannot help calling attention to the fact that Hahnemann has given another illustration of his wonderful versatility and foresight. He indicated definitely the lines along which the doctor of this day might travel in hydrotherapeutic measures. Here are some of the things he said: "If there be a universally useful remedy water must be one." After describing his method of treating old ulcers of the leg by cold foot and general baths, he dilated judiciously upon the inexactness of applications as follows: "The degree of temperature of each bath and the movement in it must be adapted to the improvement in strength. The weakest body may thus reach the strongest bath if the exact prescription of the doctor be followed with punctual obedience. I have never ceased to wonder how our greatest physicians could be so negligent in their prescriptions of the cold bath. They order half baths or full baths morning and evening, and this is their idea of a prescription. Of the degree of cold, the exact duration of the bath and other indispensable

points, not a word. Surprise at the frequently reported ill effects of such cold baths must cease when these mutilated, inexact, three-syllabled prescriptions produce results quite opposite to those aimed at."

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## MEDICAL COLLEGES AND STATE BOARDS.

JOSEPH P. COBB, M. D., CHICAGO.
Dean of Hahnemann Medical College.

The writer had the privilege of hearing the address on the above subject, delivered by Mr. A. C. Umbreit, of Milwaukee, Wisconsin, Attorney for the Wisconsin State Medical Board, and has been interested in reading it since its publication.

Mr. Umbreit has certainly clarified the atmosphere in many points with reference to the question of the rights of State Boards, Medical Colleges, and the most abused of all, the well educated physician.

Presumably state boards have been organized to protect the people from inperfectly educated physicians and from those fraudulently pretending to be physicians. It is a lamentable fact, however, that the public as yet has not received much of any real protection. The operation of the laws has resulted in a great many irritating problems for the well educated physician, it being necessary now for a physician to take about forty different examinations, no matter how good a college he may have graduated from, before he is qualified to practice medicine in the whole of the United States. In many cases this has been a real hardship to physicians who were obliged to change their residence.

Under the headings of "Mission of Medical Colleges," "Purpose of State Board Examiners" and "Relation Between

Medical Colleges and Boards." Mr. Umbreit briefly discusses the relationship between Colleges and Official Boards, but says little or nothing about the effect upon the student, upon the teacher and upon the profession. We believe that colleges should be graded in accordance with their efficiency, and that efficiency should include the grade of students accepted by the medical school. We believe it is perfectly proper that a state, through its properly constituted officers, should make a standard for educational institutions within its borders, requiring them to demand certain educational qualifications for entrance, certain length of time for their college course, certain courses of study to be carried out, and certain grades of proficiency to be required before students are allowed to be applicants for graduation.

We believe that it is proper that the State, through its officers, should see that its requirements are in each instance carefully and conscientiously carried out. We believe further, however, that when an institution has been chartered by a state, when it is able to demonstrate to the officers of the state that it is living up to all of the requirements made by that state, in its particular line of work, it is absolutely absurd for that same state, through its officers, to undertake to say which ones of its graduates may be admitted to practice his profession and which may not.

It is absurd to think that it is possible for any Board of Medical Examiners, however well qualified they may be by training, practice and teaching experience, to determine in two or three days a student's efficiency, with anything like the same accuracy as the teaching staff, which comes in daily contact with these same students during a four-year course.

To the writer, it has always seemed incongruous that the public needed to be protected from physicians who have graduated from any college, any more than it needed to be protected from the manufacturer, who makes compounds to be sold over the counter, with no special training, except the commercial training. It seems equally incongruous to the writer that the public needs to be protected by this means from the graduates of duly incorporated, well regulated medical colleges, any more than it needs to be protected from the graduates of divinity schools and colleges of law, none of which,

so far as the writer knows, have anything like as exacting courses of study as that outlined and carried out by the good medical school.

These are topics which legislators and legal representatives seem never to touch. It is the rights of the state and the state officers that are always under discussion, nominally in the interests of the "dear public."

Under the heading of "Difficulty in so Many Standards," Mr. Umbreit discusses the fact that there is no real harmony among the different state boards, a condition that is at times very annoying to both medical schools and prospective students, as well as to graduates. The fact that there are nearly as many different standards as there are states, differing sometimes on essential points, is an evidence of the inefficiency of the work of regulation now carried out by state boards, and supports the writer in his contention that we are far from having reached an ideal.

In discussing the question of "Preliminary Education," "Credits from Other Schools" and "Combined Degrees (B. A. and M. D.)," Mr. Umbreit only touches on a point that gives rise to a great deal of dissension in that certain state boards will allow certain institutions within its own domain to confer certain degrees within six years, but will stigmatize as unfit other institutions within its own domain or outside of the state, who presume to give the degree of M. D. to students, who have earned the degree of A. B. elsewhere, in a combined course of seven years.

The absurdity of this needs little discussion. The teacher knows that in acquiring an A. B. degree the most important thing the student has learned is methods and habits of studying, and in acquiring information; that the actual courses which he has covered are of secondary importance. The mind of the average state board is technical and demands certain identical courses in preparation for the study of medicine, giving no consideration to the general breadth of information that may have been acquired, or the methods of study which make it possible for one man of one training to acquire in three years what another man of another training could not successfully do in four years.

Under the heading of "No Conditional Matriculation," the writer feels that sufficient consideration has not been given to this arbitrary rule. Education in a medical school is not different from that in any other institution. Possibly there is more technical knowledge required than in any other profession, but it does not follow that every student requires exactly the same number of hours to acquire that technical information, any more than it follows that it requires the same number of hours for each student of any other institution to complete a given course.

There is no college or university in the country, outside of the medical schools, that will not admit a man to its freshman course, with from two to four conditions, provided he shows a good previous training and a good degree of information on the majority of subjects required for matriculation. The enforcement of this rule in medical colleges of two decades ago would have kept out of medicine, or kept back for one or two years, many men who now occupy very prominent positions in our profession and who have demonstrated their ability to outstrip many of the regular high school graduates.

The writer does not desire to lend any support to the idea that inefficient preliminary education should be encouraged for those desiring to matriculate in a medical school; but he believes that many students, who are obliged to leave high school at the end of two or three years and who go to work, but keep up their study, have been better students because of that fact: have acquired more information by their study, often under the supervision of competent teachers, and are better qualified to take up the study of medicine than the average high school graduate. The boy who has had to work for his living and has burned the midnight oil to acquire an education, in spite of the fact that he could not complete his high school course, should be given an opportunity; and if in meeting such an opportunity he shows good mental training and an education equal to or in excess of the average high school student, even though he may not be able to pass an examination on some of the topics required by the State Board of Examiners, the probability is that he will be one of the best students in the medical school, graduating with honors, and become an unusually capable physician.

The writer is very much interested in "The Simplified Wisconsin Act," and appreciates the very many helpful reforms which would obtain under such an act, as well as the fact that such a bill would be a real protection to the people, without being a hardship to the profession. It looks, however, to the writer a little Utopian, in view of the influence today of certain sects, who would be unwilling to be labeled as he suggests that they should be, with the words, "Not Licensed to Practice Medicine or Surgery in Wisconsin."

It should be a matter of satisfaction to every honest physician to know that some one outside of the profession, well qualified by years of training, thought and action along the line of state regulation of medicine, is willing to give the time and energy to formulate a bill and to appear before a group of physicians for an honest exchange of opinions. I wish personally to convey to Mr. Umbreit my sincere thanks, not only for the efforts which he has made in this line of work, but for the cordial assistance which he has given, not only to the profession of his state but to us all, and to me personally.

## PSYCHOTHERAPEUTICS.*

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To undertand psychotherapy and the scope of its application, necessitates, to a certain extent, some comprehension of psychology. To enter into a discussion of that subject in a paper of this character would be impractical, but there are some deductions of psychology that must be taken for granted.

(A) It is the conclusion of monism, that processes of experience and brain processes belong to the same thing, and that this thing is neither brain nor mind, but reality; a different brain change occurs with every differing experience.

(B) Every process of experience, state of consciousness or condition of mind is associated with corresponding organized physiological processes, or physical changes, which are the result of such experiences upon the neuron elements.

(C) Psychic traits, dispositions, or qualities of personalities, or mentality are acquired by experience coming at some

*Extract from paper read before the Sacramento Valley Homœopathic Medical Society, Sacramento, California, February 3, 1914.

time within the life of the individual. They do not exist apart from the functions of the nerve and brain cells.

(D) We know the mind as we know other things, by what it does. What it does is to act and react under the influence of innumerable internal and external stimuli.

(E) (a) The nervous system faithfully conserves and reproduces its experiences, however and whenever found; if experiences are conserved, they become a part of ourselves and are as much a part of us and our personality as any other part.

(b) We can modify, change, or neutralize the effect of our experiences to a considerable extent, but it is impossible to destroy them.

(c) Every experience retains the right to express its influence in our later life.

(F) Conserved as experiences are by the nervous system, they represent in reality living. They are active forces operating for the good or harm of the individual. Thus the experiences of our infancy, childhood and youth live actively in our adult life, and contribute to the formation of that portion of our lives of which we are not consciously aware. This is not all. We must not lose sight of heredity and environment, both of which vary within wide limits, or of education and training from birth to adult life.

These are some of the elements of psychology that must be borne in mind when having under consideration psychic therapeutics.

Physicians as a class, having received the major portion of their professional instruction from a materialistic point of view, are naturally materialistic in their views. They have been taught that disease is material and must be met and conquered with material agencies. When called upon to meet that which is not demonstrable, except as a phenomenon of that great reservoir of experiences, when called upon to place a neuron element in proper relation to its neighbor, to administer to that neuron the proper stimulus, that the functions of the mind may be properly carried forward in an orderly and physiological manner, they find themselves launched on a sea without a compass and with no means of propulsion except chance.

That psychotherapy alone is able to produce the desired results no sane or honest physician will claim, but when used in conjunction with other agencies that are at the command of the well educated physician, it becomes a power for the betterment of the patient's condition, be it pathological or psychical, that should be sought by every physician who has the welfare of his patients at heart.

In the application of psychotherapeutics we are compelled to regard man as a thing of life, of force, of intelligence, of will and of reason that emanates from and is a part of the great source of all life, with millions of cells in his organism that are ready to respond to stimuli in the form of personality.

This inherent factor is named by the scientist "force," by the idealist and religionist as "the God in which we live and move and have our being." Think of this force, this power which you possess, how it converts the food you consume into bone, muscle, blood and brain, again how it has endowed you with reason and will, and other faculties, through which you may dare to exercise them as potentialities as a coworker with Infinity.

In your capacity as physician, if you understand the correlation of force, you are endowed with an ability to assist these sufferers by substituting a normal complex for that which is abnormal.

Frequently patients come under observation who are so obsessed with fear that all involuntary nervous functions are disturbed on account of impressions gathered from experiences which have come to them through their observation of disastrous results of this disease. In this class of patients suggestion will serve a good purpose, by taking away from them the obsession and in its stead planting a suggestion that they are going to recover. This materially supplements the remedial agencies, by quieting an irritable and involuntary nervous system. This can be accomplshed by having them remain quiet, breathing deeply and slowly; then tell them to endeavor to relax every muscular fiber: after they have obeyed your injunctions in this respect and are quiet for a few minutes, suggest to them to close their eyes and think of nothing else but sleep; at the end of half an hour, in many instances you will find them sound asleep, with the result that they will have

several hours of good refreshing sleep, and on awakening will feel much better. The effort you have put forth in calming them has increased their resistive powers, you have changed a skeptical and doubting mind into one of confidence and they are in a condition to successfully combat the pathogenic germs of disease.

Suggestion as applied by the physician either with or without hypnotism is the bringing into play that person's imagination and perception as a means of stimulating the normal physiological mechanism of the organism for purely therapeutic purposes. Because the agency is abused and used by the quack and charlatan for ulterior purposes is no reason that the scientifically educated physician should refuse to recognize in it an adjunct for good when used in its proper sphere.

All reputable physicians at some time in their career make use of hydrotherapy, radiotherapy, massage, dietetics, calisthenics. They are free to admit that each has its field of usefulness, although knowing that at some time these measures have been the tools of the charlatan, yet they are unwilling to admit that much benefit is derived from psychic impressions.

When we fail to employ these measures as an adjunct to other well selected remedial agents in the treatment of disease, the people should not be censured for following other forms of treatment. It is in functional disorders of this character that suggestive measures can be employed with the greatest degree of success. Suggestion may be applied with beneficial results to acute diseases in conjunction with other therapeutic methods as the exigencies of the case may demand. Suggestion restores the mental equilibrium; by this means it increases the resistance of the cell; it thus becomes an extremely useful adjunct to those agencies that are being used to correct pathological conditions.

A large percentage of functional and neurasthenic disorders would get well were the people cognizant of the fact that rest in a good comfortable bed, deep inspirations of pure air, good wholesome diet, copious draughts of pure water would encourage elimination and reestablish equilibrium.

Physicians as a class have been looking all these years at the surface of the human family, dealing with the external manifestation of disease, failing to look into the psychic side

of the race; this as much as anything is responsible for the entry into the domain of so many "isms" and "pathies," with their crude methods. It is an undisputable fact that in years past students in college days were not taught other methods than those which related to the material side of their art, and in later years when confronted with these problems of the finer qualities of man, those qualities which fitted him for doing battle in the great undertakings of the world, they were unfitted to meet the issue. It cannot all be traced to the college days; much of it can be traced to themselves, in not keeping abreast of the progress of scientific investigations, as far as those investigations related to their profession. If they will devote a part of their time to informing themselves, then endeavor to honestly convince the people of the utility of the good things, the people will not be slow in endorsing and cooperating in making it a success.

## Bureau of Clinical Medicine.

### HOMŒOPATHIC TREATMENT OF GALL STONES.

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In presenting this paper I shall not deal with the pathological conditions found, nor very extensively with the chemical formation of the stones. Suffice to say, they are concretions formed in the gall bladder, due usually to infection, resulting in biliary retention, in increased consistency and concentration of bile. Certain constituents that were before held in solution are now thrown down. The composition of stones is about 5 per cent water, the chief solid constituents of the bile, cholesterin and lime salts, with a nucleus of desquamated epithelium or dried mucus.

*Causes.*—The exciting cause is infection of the gall bladder by various organisms as the colon and typhoid bacilli. Predisposing causes are sex, women between the ages of 25 and 50, especially those that have borne children; irregular meals, excessive diet of starch, sugars and fats, combined with sedentary habits; among minor causes are constipation, tight lacing, chronic obstruction, as tumors, or catarrh of the duct.

*Symptoms.*—In a great many cases when the stones are not very large or no effort is made to expel them, there is no biliary colic. When the stones become impacted in the gall duct, the patient experiences the characteristic excruciating pain, tearing, cutting or lancinating in character in the right hypochondriac region radiating to the right shoulder. Vomiting often accompanies it, with a feeble running pulse; the seat of pain is two to three inches to the right of median line and about an equal distance below the ensiform cartilage; pain may be so intense as to cause syncope. If the stones pass through the duct without becoming lodged, jaundice and pain may be almost absent, but if they become impacted for any length of time, marked jaundice usually appears then or soon after.

*Diagnosis.*—Diagnosis is sometimes very difficult on account of obscure clinical symptoms and the absence of physical signs. When, however, the calculi become lodged in the duct there is biliary colic, fever and jaundice. The diagnosis is verified by finding stones in the dejecta.

*Treatment.*—There are two methods, surgical and medicinal. The former I leave to my worthy colleagues in surgery. Medicinally, I have treated a number of cases with scarcely a failure. I was out of school but a short time when a case came under my care. When I suggested an operation the patient would not hear to it, saying he had always treated with homœopathic physicians and that he had a relative cured of gall stones by their treatment. In taking the symptomatology of his case, I found that chronic constipation was one of the leading symptoms, corrected it and gave him instructions as to diet and habits, put him on china 6x according to Dr. Thayer's method, with result of a cure. I treated a number of cases with good results but was later doomed to learn that I did not have a specific. If we could only remember that there is no royal road in medicine, even in homœopathic medicine, we would save ourselves from many pitfalls. The following cases have come under my observation:

Case 1. Married man aged 30, farmer, hard worker, came into the office one morning after having had a severe attack the night before, with history and symptoms pointing very strongly to gall stones. He had had a number of attacks

previous to this one and the attending doctors had called them gall stones. He complained of being very sore and tender to touch in the right hypochrondriac region, was somewhat jaundiced; a number of years previous had had malaria and was troubled with chronic constipation. I corrected the latter, put him on china 6x, with instructions to take faithfully as directed and report in a week, which he did. He had another attack of biliary colic about five weeks after beginning treatment, though lighter than previous attacks; had two more attacks, each succeeding one becoming lighter. I saw him frequently for six or seven years after, but he had no return. The jaundice disappeared, the complexion cleared, and he reported that he felt better than he had for years.

Case 2. Married lady, aged 38, rather short, stout built, weighing 200 lbs., had three children aged 17, 12 and 10; had had a number of miscarriages in recent years, history of a number of attacks of biliary colic of late. I was called one night and found patient writhing in pain; she could get in no position of relief, she had tried application of heat, liniments and hot fomentations. She got some relief from inhalations of chloroform; I gave her a hypodermic, H. M. C. tablet number 1. This eased her for several hours, when all at once she was relieved completely and had a restful sleep till morning. When she awoke, she felt all right except for tenderness and soreness over region of the gall duct. I gave instructions how to find the stone, but the attendant failed to carry them out. I put her on china 6x for constipation. In about two weeks, I was called very hurriedly as they believed she was dying, found her suffering intensely and gave a hypodermic at once, which partially relieved her. In an hour I repeated the dose which was followed by a restless sleep till nearly morning, when she had another cramp and then became completely relieved. When she awoke, she said she felt pretty good except for soreness and tenderness and that something had given away all of a sudden, when she was relieved. I gave her a large dose of oil and was rewarded by finding nearly a third of a teacup of stones varying in size from a hazelnut to coarse sand. I continued the course of medicine and patient has had no more attacks in the past four years. If you will bear with me a little longer, I will cite one more case which will be interesting to

you as it was instructive to me. Here is where I came across one of my pitfalls, teaching me that I did not have a specific for treatment of gall stones.

Case 3. Mr. T., married man, aged 35, banker. Just previous to coming to Iowa he had lived in Missouri where he was troubled with malaria a great deal, had had a severe attack of typhoid fever, leaving him with a weakened condition of the bowels, and a looseness that was very slow in improving. Several years after recovery from typhoid fever he began having attacks of colic with severe pain and cramps in right hypochrondriac region, coming on suddenly and leaving as suddenly as they came. He would be indisposed for a few days then would be able to be back to his desk again. He consulted several doctors at different times and they disagreed as to diagnosis; after one of his attacks he found a stone in the discharges. Through the advice of one of my cured gall stone patients he wrote me. I hesitated in trying to treat him, being so far away; but he insisted, so I sent him china, though I was quite sure this case was different from any that I had previously treated. He seemed to improve some for several months, when he had another severe attack. He sent me the stone he passed and still wanted to continue treatment as I would direct. I began to think possibly my preparation of china was not pure, as it had stood in the office for several years, so I sent for a fresh supply, tried it with no better result, then sent to another firm in the East for the medicine, but to no avail; he persisted in passing stones. I concluded I had the wrong remedy. In our correspondence I had procured a pretty good symptomatology but wrote for more data, promising him if he had the patience and perseverance to stay by my treatment, that I would give him the very best I could. I got down all my text-books on materia medica and after some industrious work and comparisons concluded that podophyllin was my remedy. In my office I had the first, third and the thirtieth decimal dilution. My thirtieth had stood in my office for ten years but was glass stoppered and sealed. I sent that with instructions to begin anew the treatment. In course of a couple of weeks I received a letter wanting to know if the medicine was supposed to dissolve the stones or to expel them, giving no reason for his inquiry. I replied that

it acted upon the bile and the bile-forming tissues, and stopped further formation of stones by holding their substance in solution, restoring the bile to its normal consistency and the liver and bladder to their normal secretory functions. In a few days a reply came saying that after taking the last medicine for two weeks, he had another spell of colic and had passed about a handful of stones. Suffice to say, he has passed no more stones nor had any more attacks of colic now nearly three years. Afterward I treated a similar case in a lady with more dispatch and with very satisfactory results. Other remedies that I have found useful are chelidonium, berberis and calcarea carbonica.

In conclusion, I do not believe we have a specific for any disease. Each patient is an individual case and must be prescribed for according to the totality of symptoms, keeping in mind the diseased organs or tissues, removing all possible conditions that seem in any way to produce or continue the diseased conditions, or that in any way appear to interfere with or overcome the system's power of resistance or its ability to throw off disease. In this day and age when we hear so much regarding preventive medicine we should be grossly negligent if we neglected any of these measures. Then after correcting all these deleterious conditions we usually find a more clear-cut group of symptoms pointing more clearly to the indicated remedy. I firmly believe from my observation in the treatment of gall stones in twelve years of practice that fully 95 per cent of all uncomplicated cases, if taken in hand before serious pathological complications arise, can be cured by the indicated remedy.

## Surgical and Gynecological Society.

### CASE OF PAPILLARY CYSTADENOMA OF THE OVARY COMPLICATING PREGNANCY.*

FLORENCE N. WARD, M. D., SAN FRANCISCO.

The patient whose history follows was referred to me by her physician, Dr. Hannah Goodrich. She gave the following history: Mrs. N. A. E., age 26; nulliparous, American, mar-

*Published also in Hahnemannian Monthly, January, 1914.

ried 8 months, tall, slender pale woman. Mother and aunt died of cancer; father, cirrhosis of the liver. Menstrual history: puberty at 15, menses always irregular, from two weeks to a few days between periods, profuse flow, severe crampy pains first day. She had never been robust, the year before marriage abdominal symptoms were diagnosed as pelvic tuberculosis; had always had weak digestion and poor appetite. She reported to me December 21, 1912, complaining of left ovarian pain. Her last menstruation had been August 30, 1912. Examination showed a well developed pregnant uterus rising midway to the umbilicus, evidently of four months' duration; on the left side on a level with the fundus of the uterus was found a tumor freely movable, separate from the uterus and about the size of a large orange.

The patient was kept under observation; her pains gradually grew more severe and the tumor increased in size so that it was considered advisable to undertake surgical measures for her relief.

The blood count was as follows: Hemoglobin 80 per cent, red blood cells 4,240,000, leucocytes 11,000.

*Operation.*—On January 29, 1913, I removed the tumor, Dr. Botsford administering the anesthetic, Dr. Boldemann assisting. On making the incision to the left of the umbilicus, a normal five months' pregnant uterus was encountered, with a multilocular tumor of the ovary, springing from the left broad ligament, freely movable and without adhesions. It was carefully delivered from the abdomen with as little trauma to the pregnant uterus as possible. After it was delivered, it was found that a rupture had occurred at the inner and superior aspect of the tumor where the wall was very thin, permitting quite a quantity of colloid material to escape into the abdomen. The pedicle was ligated and the tumor removed. The raw surface of the pedicle was turned in and stitched, and the usual abdominal closure was made. The left tube was found greatly engorged but no adhesions. The rest of the abdominal contents presented no pathological features as far as could be determined, as great care was exercised to inflict as little trauma upon the peritoneal surfaces as possible. The greater curvature of the stomach rested on the fundus of the uterus.

The patient made a rapid recovery from the operation, her pregnancy progressing normally until May 29, when she was delivered of a normal seven and a half pound girl, both labor and puerperium progressing normally, and up to the present time the patient has shown no evidence of the return of the papilloma.

*Pathological Report.*—Tumor of the ovary. Weight 230 gms. Size of small melon. Deep red in color with a rupture at inner and superior aspect where wall is very thin. Tumor, very vascular, with network of distended blood vessels over exterior; at lower pole there are masses of small cysts containing thick whitish fluid with a multitude of friable cauliflower-like growths projecting into the interior. The main portion of the tumor consists of a large cyst, its interior studded with papilliferous outgrowths. Thickness of cyst wall varies, but inner mass is very friable and spots in the wall as thin as paper.

This tumor is a type of a most interesting group of neoplasms of the ovary, that is, the papillomata, that most peculiar class of tumors occupying a place midway between the benign and malignant growths, as Kelly calls them, the "semi-malignant," and it is that very indefinite character about them that constitutes their chief menace. They belong to the tumors that develop from the epithelial structures of the ovary and stand between the benign cystadenoma, the most infrequent of all ovarian growths, and the carcinoma, the most frequent. The proportion of papillomata in relation to all ovarian growths, according to Kelly, is about 11 per cent, and according to Pfannensteil, 15 per cent. They develop most frequently during the childbearing period; their life history is most irregular, some cases develop with remarkable rapidity and others very slowly, increasing gradually for many years, before the patient finally succumbs as the result of the exhaustion and emaciation that attend their growth.

Their method of invasion is peculiar to themselves, not by metastasis as in carcinoma but by extension, fresh foci developing upon surrounding areas of the peritoneum until signs of pressure and obstruction occur, and in late cases the pelvis and abdomen becoming so blocked by the papillomatous masses that removal is impossible. Cases are on record where, when

the original tumor has been removed, the implanted papillomatous masses have spontaneously disappeared. In a given case, it is impossible to prognosticate if there will be further extension of the growth even after its removal. Necessarily the earlier the growth is removed before extensive implantations have taken place, the better the prognosis.

Unfortunately in the great majority of cases, there is no way of distinguishing, before operation, an ovarian papilloma from other growth of the ovary, particularly if the papillary outgrowths are within the cysts and not upon the surface. Clinical observation showed in Pfannensteil's cases that two-thirds of his cases had the papillomatous outgrowths entirely within the cyst.

These clinical findings make all the more imperative the necessity of early removal of all ovarian cysts as soon as discovered. The apparently simple, freely movable, benign ovarian cyst may be papillomatous, therefore malignant, and the only hope for the patient lies in its early removal.

When an ovarian papilloma is complicated by a pregnancy, all the more imperative become the indications for its removal. Not only is it a foreign body in the abdominal cavity subject to trauma and all the circulatory changes incident to the enlargement of the uterus during pregnancy, but also to possible injury during labor and the involution changes during the puerperium. It is also subject to changes that may take place within itself. Clinical observation has established the fact that malignant degeneration occurs more frequently in these growths during pregnancy than at other periods. Torsion of the pedicle also occurs more frequently, as well as cyst rupture. These accidents, as well as the peritonitis that is apt to follow their occurence, all point to the necessity of their early removal in pregnancy; even more so than in the nonpregnant state, particularly as statistics show no higher mortality rate for their removal then, than when the patient is not pregnant.

*Conclusion.*—Early surgical radical measures should be instituted in all papillomata of the ovary complicating pregnancy, for several vital reasons:

1. The marked tendency of the growth to increase in size during pregnancy and the liability of fresh implantations upon the surrounding peritoneal surfaces.

2. The possibility of some of the accidents occuring to the cyst itself such as rupture, or torsion of the pedicle.

3. The grave danger of the tumor complicating labor by interfering with the normal mechanism or by blocking the birth canal.

4. Statistics show that the operation is attended with no higher mortality during pregnancy than at other periods.

## TENDON TRANSPLANTATION.

### Report of a Case to Overcome Defect Resulting form Poliomyelitis.

E. P. MILLS, M. D., OGDEN, UTAH.

In the course of the discussion of a paper on acute poliomyelitis presented before another section of this society last year, one of our prominent men said of tendon transplantation, "It really does not accomplish very much." Nevertheless this report is presented to show that this procedure can be used to help overcome some of the deformity resulting from this disastrous disease.

No attempt will be made to go into the very interesting history of tendon transplantation in general, or the use of the various fascias in supplying defects, however fascinating that would be, but will proceed at once with a report of my case.

M. L., aged 7 years, was 2 years old when she had, early in December of 1908, an attack of acute poliomyelitis. Temperature was never high, 101° F. being the maximum on my history sheet. During the first few days the swallowing was very difficult and no movement of skeletal muscles was detected. The usual course of the disease was followed and muscle control recovered gradually.

The defects observed when the patient was up were a weakening of the right leg, the knee giving away and falls being very frequent, and a deltoid paralysis on the left side. During the next two or three years the leg function was almost entirely regained, no difference in the strength of the two limbs being detected and the measurements being equal.

The arm did not come along so well. It wasted away. The head of the humerus tended to drop away from the socket and no form of treatment seemed to avail, except that a course

with a manipulator overcame, to a large degree, the tendency toward the relaxation of the shoulder joint.

In June, 1912, the little girl's condition was as just outlined. Her trouble was all gone except in the left arm. She could use her fingers, flex and extend the forearm, and could swing the arm to and fro by the side of the body but could not abduct it in the least.

At this time the operation was undertaken. An incision was made beginning on the neck and extending down over the point of the shoulder to just below the greater tuberosity of the humerus, the skin was well retracted. Search for the deltoid failed to bring to light any fibers of this muscle. The aponeurosis was recognized but the trophic changes were so profound that the muscle had disappeared. The tendinous attachment of the superior fibers of the trapezius muscle was then severed from the outer third of the posterior border of the clavicle and the insertion of the middle fibers severed from their attachment into the inner margin of the acromion process and the adjacent surface of the crest of the spine of the scapula.

These attachments were then gathered together (the arm being elevated to an angle of 110 degrees) and were stitched to the lowest point possible on the capsule, and the aponeurosis of the deltoid was then whipped over these fibers and the incision closed.

The arm was dressed on an angular splint which maintained the angle above referred to, and was lowered gradually as healing progressed.

The results show a very decided improvement. The arm has developed a good deal, the shoulder has filled out, the biceps is firm and has increased. The right arm is now about an inch longer than the left, but this last year the development of the left has kept pace with the right. The little girl can put her left hand up to her head and can hold the arm out nearly to a right angle.

The only other cases similar to this that I have found reported are those of Kaliani in *Annals of Surgery*, 1910, in which article reference is made to two German reports, in all five cases, and by Dean Lewis in the *Journal of the A. M. A.*, 1910 and 1911, three cases. All of these have been on older persons

than my patient and it is our hope that the use the arm will have in the growing period will cause it to develop, and that the ultimate results will be better than if the operation had not been performed until the body had its full growth.

### Discussion.

*Dr. Foster:* I have listened with a good deal of interest to the reading of this paper, for the reason that the case described is, as stated, novel and very unusual. It is a well-known fact that surgery of the tendons is very satisfactory in most cases. For instance, it is known that where a tendon, through lack of nutrition, by shortening or otherwise, loses its function, as in a case of talipes, or any other deformity, the tendon loses its function from non-use. It may be in a state of spasm, or it may be functionally lacking, as we see in those cases in which the tendon is abnormally short.

I might relate a circumstance that happened to me within a couple of months, which is also very novel. It may not be exactly pertinent to this paper, but it is along the same line in reference to surgery of the tendons.

A gentleman, a traveling man, came into my office with what was said to be a fracture of the tendo Achilles. The history showed that the tendo Achilles of the left side had degenerated. The tendon from its bone insertion up to a point involving a part of the muscle was calcareous. The gentleman, in walking along the street, met with an accident; the tendon was fractured in two places. He was taken to the hospital, and the calcareous material dissected out. It appeared to involve all the tendon. He made an uneventful recovery, and within six weeks after the operation he was in my office, on crutches it is true, but he could walk without the crutches.

I know of no other case on record exactly similar to this. I mention it merely as a novelty in surgery. It goes to show that the possibilities are that the surgical records do not contain an account of all the things that may happen to the human body.

## URINARY TUBERCULOSIS.

JAMES KRAUSS, M. D., BOSTON.

The more or less definite views that have become current among the profession on the subject of urinary tuberculosis have developed since Nitze created the art of cystoscopy and Casper and Albarran and Nitze made the catherization of the ureters feasible. My own systematic practice of cystoscopy

and ureteral catheterization in connection with genito-urinary medicine and surgery dates from the year 1895. I believe this covers the earliest and hitherto longest period of systematic cystoscopic activity in the homœopathic school in America. While this practice, confined as it has been to private patients, cannot present a large array of cases of urinary tuberculosis, the cases that it can present were closely studied; the observations were unhampered by the divided, haphazard work of charity dispensaries and hospitals; and I have come to certain conclusions which I will now present, for the sake of brevity, in a more or less axiomatic fashion, leaving to subsequent discussion any desirable amplification.

I.

It must be admitted that urinary tuberculosis is not quite so common as pulmonary tuberculosis, but it must also be admitted that, in both diagnostic and therapeutic aspects, urinary tuberculosis is much more complex.

It is doubtful if it is ever primary, in the sense that there is no other tuberculous focus, cured or uncured, present in the system. First affecting the urinary glands through the circulatory blood, then following the course of the urinary flow and affecting the urine, and finally affecting the tissues of the urinary reservoirs and passages, urinary tuberculosis is of hematic origin, and this means that we have to look elsewhere, into extra-urinary regions, for the primary focus where the tuberculous infection has entered and whence the tubercle bacilli have been disseminated. Many experiments have been made to prove the presence of ascending as well as descending forms of urinary tuberculosis, yet so far nothing has been proved except that urinary tuberculosis makes its beginning in the kidneys, but is often first suspected by the involvement of the bladder.

The painful manifestations in the bladder, however, are late occurrences of urinary tuberculosis. To know, then, how the tuberculous process manifests itself early in the kidneys is of the first importance.

There are three forms of tuberculosis of the kidney, the acute miliary form, the nephritic form, and the chronic pyuric form.

In *acute miliary tuberculosis*, the tubercle bacilli infect the glomeruli, pass through the glomeruli into the uriniferous tubules where the bacilli multiply without first affecting the walls of the tubules, go down with the urinary flow, except such as are caught in the straight tubules, to give rise to Orth's excretory tuberculosis, finally affect the pelvis of the kidneys, the ureters, the bladder, but usually death occurs before much, if any, caseation or cavernization can take place.

In *tuberculous nephritis*, there is a distinct extra-urinary focus of tuberculosis, usually phthisis, and with it an albuminuric interstitial or epithelial nephritis, the kidneys themselves remaining free from the specific tuberculous tissue changes of caseation, cavernization, sclerosis. We must not confuse with this tuberculous nephritis the mere urinary excretion of tubercle bacilli, and both tuberculous nephritis and bacilluria must be carefully distinguished from the true tubercular kidney, which manifests itself by chronic renal changes of tuberculosis with pyuria and tubercle bacilli.

In *chronic renal tuberculosis*, we may meet all the stages of the tubercular process: the stage of tubercle without necrosis, the stage of necrosis with caseation and cavernization, the stage of sclerosis surrounding the cavernous spaces.

The earliest stage of renal tuberculosis in any form is glomerular, and the earliest manifestations of a tuberculous kidney, in which we are most interested, cannot, therefore, be looked for in palpatory changes of the renal structures. Chronic renal tuberculosis is, first, papillary: the cortex is normal while the medulla becomes affected; then, while dissemination goes on in the pyramids cysts appear containing urine from tubular closure toward the renal pelvis, and the cortex begins to show infarcts of tubercles; then, beneath the cortex, caseous foci develop; between the foci occur cavernous spaces, and these cavernous spaces sometimes connect and sometimes do not connect with the renal pelvis. As a result, the kidney is not palpable, except in its terminal process when the ureter has become occluded and we have a large sac of pyonephrosis. Without ureteral occlusion, the tuberculous kidney is most often a small kidney. It is not palpable. It is not painful. The patient very rarely complains of it, and most often complains of nothing until he has a cystitis.

II.

But, in spite of this palpatorily negative phase of early renal tuberculosis, we must remember that there are certain changes in connection with the production of the urine that ought at once to call our attention to the possibility of the presence of a tuberculous process in the kidney.

The earliest discernible symptom of renal tuberculosis is, without question, *clear polyuria*. Turbid polyuria is a later symptom. Clear polyuria occurs long before there is any papillary erosion, with the characteristically sudden, apparently causeless, microscopic or macroscopic hematuria; long before tubercle bacilli appear in the urine and we have pus, turbid polyuria, characteristic pyuria.

With clear polyuria, there occurs early, not infrequently, a characteristic form of urinary incontinence. This, one of the very earliest symptoms of a tubercular kidney, occurs not only in children, but also in adults and must not be confused with urinary incontinence occurring as a late symptom of a rebellious contracted tuberculous bladder. The enuresis may be nocturnal, it may be diurnal, it may be both diurnal and nocturnal. If it occurs in a person under forty, not having had enuresis before, and not having any vesical retention of which the enuresis may be the overflow, the commencement of a renal tuberculosis ought to be suspected. Only within the last month I had occasion again to verify this valuable observation in a case of renal tuberculosis in consultation with Doctor Kingsbury at Woonsocket, R. I. The patient, a girl of nine, presented a history of enuresis dating from her second year, a history of cystitis at her third year, and a history of continuous, uninterrupted enuresis ever since. Two sisters had also had enuresis. Theirs ceased with their fourth year. The patient's never ceased.

For months, for a year, for even a longer time before we have tubercle bacilli and appreciable pus, we may have an incipient or what may well be known as a *light promontory albuminuria* characteristic of tubercular kidney. The albumen content is only ¼ to ½ pro mille. There are no casts. Only occasionally, and then sparsely, there may be hyaline casts, but no other. If the albumen content is larger, 1 to 2 pro mille, and there are other than sparse hyaline casts, if hyaline casts are abundant and there are granular casts present, then the tu-

berculous albuminuria is complicated with a nephritic albuminuria.

My plea is to examine at once with the cystoscope every patient who presents clear polyuria, enuresis, light albuminuria; to catheterize the two ureters, to test the secretions of the two kidneys separately, for only in this way can we ascertain or exclude at the earliest possible time the existence and control the process of renal tuberculosis; only thus can we ascertain whether one kidney alone is affected, and if one kidney only is affected which kidney it is that is affected. The solution of these important diagnostic problems is at the basis of the most effective modes of treatment that we may institute.

Without cystoscopy we should still be where we were in the seventies of the last century, more or less helpless in the diagnosis of urinary tuberculosis, rudderless in the treatment of renal ureteral, vesical tuberculosis, and my plea today is only for a much earlier and a more comprehensive cystoscopy with consecutive catheterization of the ureters than is currently practiced. When the patient has turbid polyuria, the disease is already beyond the early stage, and while cystoscopy with its concomitant and consecutive diagnostic measures is well indicated and will undoubtedly disclose clearer pictures of urinary tuberculosis, the result cannot be quite so welcome from a therapeutic standpoint.

We must not wait till we are able to palpate the kidneys or even the ureters. We must not wait till the bladder becomes painful, ulcerated, contracted. We must not wait till the urine is loaded with pus and tubercle bacilli. We must not wait till we are obliged to resort to Roentgenography, ureterotomy or pyelotomy for diagnosis.

It is a mistake to think that renal tuberculosis must have an abundance of pus and tubercle bacilli in the urine. Only when the kidney is cavernous will the urine be so purulent that it will deposit a thick creamy pus precipitate. Pus may be obtained in an early stage of renal tuberculosis when there are but isolated, small foci in the renal medulla, is never absent from the urine if a tubercle connects with the excretory tubules, but the quantity may be so small as to be inappreciable in a twenty-four hours' urine. If pus is taken from one kidney and not from the other in ever so minute a quantity,

though the pus be aseptic or rather nonbacillary or nonbacterial, we have a unilateral infection.

In the earliest stages of chronic renal tuberculosis, the true tuberculous kidney, the tubercle bacilli may be sparse or entirely absent. The diagnostic injection of tuberculin was therefore advised, to increase the bacillary content of the renal structures and the renal excretion, but I do not advise such a procedure, not merely because of the usual damage that a necessarily strong diagnostic dose of tuberculin does to patients having renal tuberculosis, but because the kidney free from disease may react while the tuberculous kidney may not react. Bacilli may be obtained in the excretion of one kidney, and pus, aseptic pus even, in that of the other kidney. There need be no mistake: The purulent kidney is the diseased kidney. Tubercle bacilli are more abundant after the early and before the latest stages of renal tuberculosis. With a cavernous kidney, the bacilli are few in the urine taken from the kidneys, while the bladder urine is full of bacilli. The reason for this apparent contradiction is the presence of bladder tuberculosis. Because of this condition, there is also the usual persistence of tubercle bacilli in the urine of patients having been subjected to nephrectomy for a truly unilateral renal tuberculosis, and this persistence need give no anxiety for the other kidney if the bladder is properly treated.

*Guinea pig inoculation*, important as it is to prove the presence of bacilli in urine not otherwise demonstrable, does not of necessity prove the existence of renal or other urinary tissue tuberculosis. The urine may contain tubercle bacilli when the urinary organs are free from tuberculosis. We know this condition as bacilluria. The presence of pus is of much more importance for our diagnosis than the presence or absence of tubercle bacilli; but if with the pus there is also blood, microscopic though it be, if pus and blood are constant, and we have tubercle bacilli, the diagnosis of renal tuberculosis is absolute.

In the absence of bacilli, pus in the urine of one kidney and a focus of tuberculosis in an extra-urinary region indicates tuberculosis of that kidney.

A kidney free from pus and normal in function may be considered free from tuberculosis, even though it may transmit tubercle bacilli or show a light albuminuria. Such albuminuria may be accidental, due to catheter trauma, or may be a concur-

rent albuminuria of the healthy kidney, usual when the other kidney is tuberculous, or may be the intestinal or epithelial albuminuria of an otherwise inflamed kidney.

I have dwelt on the renal aspect of urinary tuberculosis purposely, because, once we can exclude renal tuberculosis, we can localize subrenal foci readily in the ureters, the bladder, the urinary passages; also, because however many foci there may be below the kidneys these foci are of secondary importance in the presence of a renal focus. *Clear urine with a normal degree of functional activity of a kidney will exclude tuberculosis in that kidney.*

III

We must test the functional activity of each kidney for three reasons: first, for the purpose of ascertaining whether the urine, clear or turbid, albuminous or purulent, comes from a functionally normal or abnormal, efficient or deficient kidney; secondly, for the purpose of deciding, by the degree of the renal efficiency or inefficiency, the extent of the tuberculous process within the diseased kidney; and, thirdly, for the purpose of deciding whether, after removal of the diseased kidney, the kidney free from disease or less affected by it, would be able to continue to do the work theretofore done by both kidneys or do the work necessary for life.

It may be said that it makes hardly any difference what functional tests are used, the color test or dilution test or sugar test or ureo test or salt test or freezing test. They are all good tests. What we must do, however, is not to confine ourselves to any one test. In every instance, we must use at least two different tests, one to control the other, in order to have the necessary certainty as to whether we are dealing with a healthy kidney or with a tuberculous kidney in an early or late stage of tuberculosis, for only he who has had to face the manifold problems that present themselves in the treatment of patients suffering from urinary tuberculosis can appreciate what a responsibility there is to be met.

Shall we treat the patient medically or surgically?

Is urinary tuberculosis or extra-urinary tuberculosis to be the point of attack for treatment?

Shall we use or not use tuberculin?

Shall we understand that operations for urinary tuberculosis are only palliative, not curative?

Can incision and drainage, or excision and closure, result in the removal of urinary tuberculosis?

Shall we remove a kidney that is not badly diseased?

Shall we remove a badly diseased kidney when the other kidney is affected, though less than the one to be removed?

Shall we resect a tuberculous focus of the only remaining kidney, as Morris has done?

What shall we do and what shall we not do to make the days of patients suffering with bladder tuberculosis tolerable, not to speak of making them days of comfort, of peace, of happiness?

These questions assail us when we are brought face to face with the complex problems of urinary tuberculosis.

To answer them with any degree of certainty we have to muster all the diagnostic skill of the genito-urinary specialist, all the therapeutic skill of medical men and surgeons, all the logical power that a training of the perceptive and associative faculties of the human mind can give.

I shall not attempt to answer these questions, nor describe the technic of the treatment involved. I shall only say in closing that, in my opinion gained after an experience of nearly twenty-five years and from a close study of the literature and the variant aspects of the subject of urinary tuberculosis, the best results may be hoped for only in the early stage, when tuberculosis is confined to one kidney; that treatment with tuberculins and serums is no more efficacious, if at all, than with other medicines; that a mild, bland fluid diet is better than the best climate, although a warm, dry climate is desirable; that in early renal tuberculosis, before pus appears in appreciable quantities, or when we may be in doubt whether tuberculosis is in actual development, a mild, bland fluid diet and internal medication on the homœopathic basis of symptom-similarity are to be preferred to any other known treatment; that antiseptic treatment is not indicated in renal tuberculosis, the tuberculous process not being a septic pyuric process, nor is bacilluria a bacteriuria; that nephrotomy is never indicated, except in a tuberculous horseshoe kidney or in a bilateral renal tuberculosis when pus retention causes high fever or when there is dangerous renal hematuria; that, in unilateral renal tubercu-

losis, nephrectomy is indicated as soon as the tuberculous process has caused a decided functional diminution in the diseased kidney, no matter whether the patient himself feels well or whether the lower urinary passages are affected or not; that every delay of the operative removal of the unilaterally diseased kidney proved to be tuberculous is dangerous; that a bad constitutional state referable to the unilateral renal tuberculosis is no contra-indication to nephrectomy, but that the combined presence of a severe pulmonary and unilateral renal tuberculosis, a nephrectomy is not advisable; that when both kidneys are diseased, retention of pus in one kidney calls for a nephrotomy rather than a nephrectomy; that, after a happy nephrectomy of the offending kidney, bladder tuberculosis may be cured, and, when the offending kidney is not removed, bladder tuberculosis may be greatly relieved if the offending kidney remains closed toward the bladder, but that, in the absence of an early nephrectomy or natural walling off of the tuberculous kidney, bladder tuberculosis remains to this very day the bane of the genito-urinary specialist, in spite of the best of bland fluid diet, proper internal medication, local instillations, palliative ureterostomy or nephrostomy.

## Discussion.

*Dr. Finney:* May I ask the essayist if in operating he removed the whole ureter? My practice is limited to tuberculosis of the kidney. Some years ago a boy sixteen years of age fell into my hands after all kinds of treatment, including Christian Science. He was having such severe bladder irritation that he had to have relief. On close examination I discovered the left kidney to be involved. I had my suspicions, but I did a suprapubic cystotomy for relief and drained, and the drainage provided great relief. Before he came to me he had been kept under morphine because of the extreme pain. After the operation, examination showed pus and I made a diagnosis of tuberculosis; but I did the suprapubic cystotomy simply for relief, and I was justified in doing it because of the relief afforded. I have at present a case which I think is a beginning tuberculosis of possibly both kidneys, in a boy of eight years. Of course it is useless to talk of operating when the disease is bilateral.

*Dr. Carney:* Just one question. I would like to be sure of the Doctor's position in reference to tuberculin, both for diagnosis and therapeutic measures.

*Dr. Chislett:* I wish to compliment the essayist on one of the most complete and concise articles of this character I have ever listened to. There is very little that the Doctor has not thoroughly covered, but I should like to emphasize the importance of early diagnosis if we expect to secure the best results, either in medicine or surgery. This matter has been brought very seriously to my attention by several cases in which secondary involvement, not discernible at the time of operation, has developed in a few months. Even where the disease has been distinctly unilateral when the nephrectomy was performed, I have had cases die of meningitis and other tubercular lesions. These cases have impressed upon me very strongly the necessity for operating early.

In relation to the condition of the bladder, I feel safe in saying that most of the cases referred to the surgeon come after ulceration has already taken place. This, of course, would be less likely if we all were conversant with modern diagnostic methods, especially the skilled use of the cystoscope. The ulcerated conditions of the bladder will usually clear up under suitable local treatment after the original focus has been removed.

*Dr. Krauss* (closing the discussion): In the early history of the operation of nephrectomy the ureters were removed. That is no longer necessary with our present knowledge, because we know now that the primary focus is in the kidney, and that as soon as the kidney itself is removed there is no further nourishment of the ureteral tubercular process from above. After the vessels have been ligated, the ureter is cut, treated with a strong solution of perhaps 6 per cent carbolic acid thrown into the wound, and healing will result.

There is no doubt that the suprapubic drainage gave relief to that bladder that Dr. Finney mentioned.

The bladder is a peculiar organ, altogether different from almost any other organ in the body. It reacts to two distinct physical forces. It reacts to tension as well as to contact, and it reacts differently to tension from its reaction to contact. The reason why the tuberculous bladder suffers is because the bladder does not want to expand. It reacts to tension, the process which comes with the filling of the bladder, and this painful reaction to tension occurs in the tuberculous bladder even when there is no local tuberculous lesion in the bladder. This fact of double reaction of the bladder is illustrated in operations upon the bladder. If the bladder is inflamed, we may anesthetize the patient to the third degree, and while the limbs may not react, the bladder will still react to contact and will contract. The only anesthetic for the inflammed bladder reacting to contact is morphine. In operating on the bladder for other lesions, full general anesthesia may not be required; the patient may react so far as the extremities are concerned, and yet the blad-

der will not react to contact, for it is healthy otherwise; it is not sensitive to tension from inflammation.

I have no use for the old or the new tuberculin, either for diagnosis or treatment. I mentioned the old tuberculin in my paper only in a fashion, because it is impossible to treat largely in a short paper the various contingencies in such a formidable subject as urinary tuberculosis.

There are so many contradictory positions taken. Tuberculin is of no distinct use for diagnosis of tuberculosis of the urinary passages. All we can do with it is to determine the passage of tubercle bacilli. All the tuberculin does is to bring the bacilli into the flow of the urine, and if for the purpose of testing we inject this urine into guinea pigs, we simply emphasize the fact of the existence or nonexistence of tuberculosis in the urine. Tubercle bacilli in the urine do not tell us whether there is any tuberculosis in the kidney or in the ureter or in the bladder or in the urethra. I prefer for treatment, when I have to treat these cases medically, homœopathic medication. I think we have effective medicines in phosphorus, iodide of arsenic, and mercury. And, by the way, mercury applied by instillation into the bladder is perhaps the best local application known for a tuberculous bladder. Do not use silver nitrate locally for a tuberculous bladder, because that will simply create unbearable irritation.

Do not do anything to a tuberculous bladder until you are absolutely sure of your ground, because the least mistake will put the patient into a great deal of trouble for months.

I am very glad of the endorsement which Dr. Chislett has given to this idea of the necessity of making the diagnosis early, and of operating early. When we have established the fact that we are dealing with a unilaterally infected kidney, we do not need to wait for a purulent kidney. I would it were in italics, for everybody to see, that where we have polyuria, even though with no pus, but with diminished activity of one kidney and not of the other, we have a diseased kidney. We must always remember to compare the two kidneys, and not base our diagnosis on what we find in one kidney. The comparative functional renal test is, I believe, our greatest guide. Clear polyuria is the very earliest symptom of urinary tuberculosis, with or without the characteristic incontinence, and a light premonitory albuminuria. These are the three cardinal initial symptoms of urinary tuberculosis. If in the presence of these initial symptoms we neglect to have the patient examined in the manner proposed, I believe that we are not doing our duty as scientific physicians. A scientific physician, as I proposed to the Institute this morning, is a physician who knows and, with correct unbiased discrimination, applies the various scientific methods of therapeutics, not haphazardly, but as they are indicated. In order to do that we must enter into the field

of medicine in a large way. One of the great dangers in urinary tuberculosis is secondary foci. Many times a small focus in the kidney will create great constitutional disturbance, and cause death with secondary deposits, as in the meninges. At other times a very large, fully developed focus will not make very much disturbance. It is not the general condition of the patient that we must take for our guide entirely in these cases. We must establish the functional capacity of the kidneys early in order to overcome any possible early focus in one or the other kidney.

The bladder is the operating center of the genito-urinary apparatus. The indication for a prostatectomy is not in the prostate, but in the bladder. When the prostate impinges upon the bladder, then it calls for action. The same thing applies to tuberculosis. The tuberculous focus may be in the kidney, and we may never know it until tuberculosis strikes the bladder. The bladder gives the danger signal. I think we must always consider any operation on the urinary system from the standpoint of the bladder and not from that of any other organ

## UTERINE AND OVARIAN DISPLACEMENTS.

### Some Unrecognized Symptoms, with Treatment.

BELLE GURNEY, M. D., CHICAGO.

This subject is an old and much abused one. Theory after theory discarded as hopeless, when really it was not always the theory but the application which was at fault.

When we take into consideration the contents of the abdomen and the pelvis, the construction of the organs, the delicacy of the suspension, the relation one to the other, is it any wonder they are so easily displaced, thereby affecting other organs by pressure, obstruction of the circulation, interference of nerve supply, evacuation of the bowels and retarding the flow of urine? Is it surprising that nearly every ill of womankind is more or less reflexly due to some derangement of the pelvic organs? Not all but many more than is usually accredited to them. You are familiar with the delicate poise of the uterus lying lightly above the bladder; a sudden jar or fall will cause it to slip its moorings, tipping forward heavily on the bladder causing an anteversion or flexion. The anteversion being an exaggerated normal position, pressure-irritation of the bladder and urethra, and dragging on the broad ligaments, causes backache and leads the patient to think she has kidney or bla l-

der trouble. Usually having taken various kidney medicines with no relief she applies to the doctor for help. Women are often incensed at the suggestion of pelvic irritation. The uterus may slip backward and downward causing a retroversion or double-over at the junction of the cervix and fundus, resulting in a retroflexion, or it is deflected to the right or left accentuating either of the other retrodisplacements. The dragging down of the uterus pulls the bladder backward, flattening it, producing irritation and incontinence of urine. Again the patient thinks of kidney complications, especially as there is more or less backache. If the deflected uterus is to the left, the pressure on the rectum causes constipation, which induces irritation of the rectum and interferes with the portal circulation. Hemorrhoids may result and the patient applies for relief of constipation, the excruciating pain of anal fissure, or the painful protuberance of hemorrhoids, sometimes frightened by a discharge of blood from the rectum, not realizing it is due to other causes. She is sure of rectal trouble, possibly cancer, and is loth to undergo vaginal examination. The constant dragging down on the broad ligaments may dislodge one or both ovaries, causing pain more or less severe until the patient is worn out mentally and physically, for the ovaries are extremely sensitive. If it is the right one causing the most pain, the patient is exercised with visions of an operation for appendicitis, for nearly every one nowadays thinks she knows the exact location of this little tell-tale in the right iliac region.

Is it the desire of an over-educated laity for something more unusual than his neighbor or the fault of over-zealous surgeons that every pain in the right side is looked upon with suspicion as a case of appendicitis, almost hoping yet fearing to have the fashionable malady?

The pains caused by ptosis of the ovaries is often excruciating, especially in the left one which is made much worse by pressure of gas in the lower bowel and by an accumulation of feces in the rectum. These pains might easily be compared with those of the testes in the male caused by a severe blow or squeezing. Ovarian irritation causes great mental excitement, nervousness, sleeplessness, severe backache and headache. The eyes feel drawn backward, the expression is listless and dull, the appearance is often wild, no comfort is to be found at night and the sufferer either cries or is cross. The whole nervous

system seems to respond to these two little displaced bodies, crying out for relief from undue pressure. You have often been called to administer to some poor suffering woman at the menstrual nisus when nature was trying to perform her functions, but found every avenue blocked by congestion and deranged circulation, determined to force her way even though the patient is crying out in agony with the pain.

Ptosis of the pelvic organs is sometimes caused or aggravated by floating kidneys. The lower the kidney, the greater the aggravation and it must be kept in place. A floating kidney is more or less painful, causing backache, interference of the flow and secretion of urine. If in its wanderings it puts a kink in the ureter, there is pain and distention simulating a tumor which will disappear under proper manipulation, freeing the kink, allowing the passage of the urine to the bladder. An unusual amount of urine will be voided, the pain and the tumor will disappear. I will not touch upon other ptoses, having already digressed in mentioning the kidneys, but they are so often implicated with the uterus and ovaries, that I trust the digression is excusable.

A young woman came to me complaining of pain in the region of the gall bladder, almost constantly, severe and sickening. I examined carefully for everything that might be the matter in that region with negative results. Examination per vaginam revealed a prolapsed left ovary which I replaced with some difficulty. No tampon was used on account of the difficulty of inserting it. She was given lachesis 30, on the general symptoms. She reported in one week, no pains in region of gall bladder, and felt fine. Upon examination I found the ovary had remained in situ. She called again in two weeks and there was no return of pain. There was a history of a fall several months previous. The question was, Why did a displacement of the left ovary cause so much disturbance in the region of the gall bladder? Was it due to interference of the portal circulation, affecting the liver? Who knows? I do not. Mrs. G., 40 years old, subject to displacements, fell on the ice, apparently was not hurt and walked home. Soon after she almost collapsed with severe pain in the ovarian region, intense vertigo, could not tell which way to move her head to lift it up and during the examination fairly clung to the edge of the lounge on which she was lying to keep from falling off, as

everything seemed to be whirling around. The uterus was retroflexed, both ovaries prolapsed, slipping behind the uterus and past each other. It took half an hour of hard work to get the mix-up straightened out. It, however, relieved the pain and ameliorated the vertigo which persisted for several weeks whenever she lay on the left side. It took weeks of local treatment to overcome the tendency of the left ovary to prolapse but when it was cured the vertigo ceased. Why this intense vertigo? Women have severe pain in the region of the coccyx and they are sure there must be something wrong with the end of the spine. Careful examination will usually result in finding one or both ovaries prolapsed, lying against the spine with possibly a retrodisplaced uterus pressing upon them. They are aggravated by pressure as in bending forward or sitting down. Sometimes one can scarcely rise up, the pain is so severe, and being central and low down one thinks of the coccyx. A patient complaining of this condition several years had the coccyx amputated with no relief. Examination revealed both ovaries occupying a central position, and the uterus lying back upon them. Restoring them to a normal position gave her the first relief in years. She said she had had no such examination before her operation. About three months' local and internal treatment cured her so that she remained cured. A dear confrere of mine said, "No wonder Gurney makes money; a woman never gets out of her office without being put on the table and a local examination made. Of course treatment must follow." This was meant as a criticism but I take it as a compliment, though it is not quite as bad as represented.

A lady with a history of pelvic inflammation and displacements for years said, "Whenever there was ovarian irritation there was intense sexual excitement." She said it was maddening. This frequently happens and women are censured for a misfortune and not a fault. Careful treatment materially helped her.

The first intimation one patient always had of ovarian displacement was an almost uncontrollable sexual desire. If the organs were not replaced severe inflammation would develop.

A woman sent for me saying her husband was ill. Upon arrival I found he had a severe case of orchitis. I asked why on earth she sent for me for such a case. She replied that I was so successful treating ovaries (having cured two of her

daughters) and as the testes bore the same relation to men that the ovaries did to women, she was sure I could cure him. He told me in her presence that it was due to a fall. He admitted to me having had syphilis and gonorrhea. He promptly recovered under the same internal and local treatment I would have given if it had been a case of ovaries under similar conditions, only the local treatment being external it could be given by his wife. Within three hours after the first dose of medorrhinum, he was relieved from the excruciating pain.

Why do pains in the legs simulating rheumatism disappear after proper adjustment of the pelvic contents? Why do the eyes become stronger? Why do severe headache and backache disappear as by magic when the tension is removed? What are we going to do about it? If I say "local treatment," "tampons, etc.," some will hold up their hands in holy horror, saying, "obsolete." Should I advise operations others will say, "looking for a division of the fee." If I let them alone and give them little sugar pills, they may go elsewhere. They want something done, something they can see and feel. Do you blame them? You would not if you had ever suffered the torments of—well, the word is short and stout, and, according to Beecher, "is now played out."

Women's diseases is no fad, it is a sad reality. Many complain only of extreme nervousness having little or no pelvic pain, but if you are on to the job you will recognize the symptoms and start in at the seat of the trouble, not trying to lop off a branch here and there. Dig up the tree by the root.

Treatment.—First make a thorough and careful examination, using care and time, locate the position of all of the organs if possible. It is difficult in fleshy persons. You can often find the location of an ovary by the flinching of the patient even if you cannot outline it. If possible, reposit any displaced organs, packing with medicated tampons of lamb's wool covered with cotton. Make the tampon long and slender rather than round. It is more easily introduced and can be packed around and against the tissues needing support. Medication should be according to conditions. In inflammation glycerin and ichthyol five to ten per cent is my favorite. Calendula with equal amount of water for erosions. Thuja or argyrol five per cent in gonorrhea, campho-phenique powder has been an excellent ally in erosions that were difficult to heal.

Sometimes cautery is essential. I give these methods of t ment as you will find many of these conditions complica your displacements. If there is severe inflammation sometimes better to treat a few days before trying to rep I always use wool in my tampons because it does not pack become hard and if covered with absorbent cotton does irritate the most sensitive membrane. After inserting tampon and withdrawing the speculum, place the patien the exaggerated Sims' position and carefully pack the tan where it will hold the organ in position. Do not think have given a proper local treatment by placing a speculum inserting a piece of cotton with a string tied to it. This is rule with many doctors, not realizing that the cervix severe retroflexion points backward, and that pressure in wrong place only exaggerates the flexion. This manne treatment would be about as efficacious as wrapping a ban around a fracture without any other support. Remedies legion and would require another paper. I select then carefully in any ailment.

Be careful, painstaking, earnest and honest in the treatı of these most distressing ailments of women and you will your reward in gratitude and praise of your powers if no actual dollars and cents.

Postural treatments in the uterus is an excellent adjuv also medicated douches, for reducing inflammation. Sur is often imperative, either palliative or radical. At or after menopause I believe in the radical measure, removing ut ovaries and tubes if diseased if other measures have failed fore. The idea of a woman being free from these displ ments after the menopause is a fallacy. They are even r liable on account of the relaxed condition, usually found at time of life.

Displacements of the uterus and ovaries should receive as careful attention as luxation of any other portion of body.

Give these women a chance for health and happiness.

### Discussion.

*Dr. Mills:* Is it not true that most of the trouble attrib to these reflexes is due not so much to mechanical displ ments of organs, as from the infection that is present. haps the infection is the cause or perhaps naturally a resu

the displacement, but we have the consequent absorption and the toxic effects that show up here and there in the system. I think it is true where young women are examined, apparently healthy young women who are about to take training in hospitals as nurses, and where physical examinations are made, it is frequently found that the uterus is not in the ordinary location, but frequently these misplacements produce no symptoms because there is no infection, no absorption, no toxemia. Is it not often true that these symptoms which occur in other parts of the body come from infection and not from mechanical misplacement?

*Dr. Loizeaux:* I enjoyed the Doctor's paper very much. There is just one point. I had my ears wide open to hear the Doctor mention one of the causes of pelvic trouble, and that is the rectum. She may have forgotten it.

*Dr. Crump:* This paper covers the field so fully that I will discuss only one feature, and that is the uterine displacement. I think we all forget that the uterus really lies in a position of constant mobility. This is imparted by the constant excursion of the diaphragm. I think a great many cases of displacement are due to improper exercise and attitudes in early life. When the young girl goes to school her muscular development is not looked after. She slips down into her chair, and sits in an improper position, and after a while you will find her doubled up on a sofa, reading for hours at a time, with two or three pillows under her back, and at night she sleeps with a couple of pillows under her head, and her back finally assumes a bow-shape. As a result of faulty exercise, and faulty attitude, the pelvis loses its normal relationship to the body. Take a young growing child and the uterus is largely an abdominal organ, the pelvis is a continuation of the abdominal cavity. As the woman rounds out into full development the pelvis assumes an angle of about sixty degrees. Through faulty attitudes it loses this angle of sixty degrees, and because of this loss with every respiration the abdominal contents press down on the top of the uterus instead of rocking the uterus forward as they should.

In correcting such displacements I map out a careful routine of treatment rather than resort to surgery, and one of the main things is constant exercise and the proper attitude in sitting and standing. I tell my patients to take an umbrella or a broom, and hook their elbows over it, so that the stick lies across the small of the back. In that position the hips are thrown back, the shoulders are thrown back, and then they take full respirations. Every time the clock strikes the hour, let it remind them that they have something to do toward getting well, and that is to take that exercise. Tell them to take good long full respirations for two or three minutes every

hour. No matter what they are doing, I tell them to slip away, slip into the bath room and practice that exercise. In doing that, the pelvis will gradually come to assume its proper relationship to the rest of the body. With every respiration there is an imparted pressure from the excursion of the diaphragm. This is imparted to the posterior surface instead of to the top, and you get the rocking forward of the uterus on the isthmus. This normal physiological excursion brings about proper circulation, and I believe will relieve many cases of pelvic congestion and displacement of uterus and ovaries.

*Dr. DeWitt G. Wilcox:* However much we may talk about or read about uterine displacements, I do not think the last word will be said upon that subject for some time. I am much impressed as to the physical effects, or rather the nervous effects of these various displacements, and as to the part which the ovaries play. I am inclined to think that we put too much emphasis on the mere displacement of the uterus itself. It seems to me it is rather the ovaries which suffer because of the displacement. Physiologists have only recently called attention to the fact that the ovaries produce an internal secretion which begins early in puberty to find its way into the general circulation, affecting profoundly the development of the young girl—the bloom of the cheek, the development of the breasts, the widening of the hips, the shapely rounding of the limbs, the whole form of the girl, just as the virility of the boy and man comes from the internal secretion of the testicles. We know from the records of olden times, that when a boy was made an eunuch, he became inactive, had no ambition, no virility, and the Egyptians knew he was a safe slave. They knew he would never rise up and demand his independence, because he was not a man, simply a beast of burden. If these men had kept their virility and acquired manhood they could not have been held under control, they would have demanded independence, they would have been men. I believe that a good deal of the nervous disturbance which comes to women, comes in consequence of some pressure upon or defect of the ovaries, which interferes with this internal secretion, and in consequence we get the long line of neuroses. Now if by some method we can overcome these displacements early, and I am inclined to think that they come on much earlier than we realize, we are going to put a stop to a very great deal of consequent neurosis. How are we going to do this? In the first place I believe if the family physician finds that a girl is not developing well, is not having her menstrual periods regularly, it is his right to assume that there is some interference with the ovarian secretion, and this is the time to find out what the trouble is.

In a paper which I read a year ago I took up the subject of the undeveloped anteflexed uterus in the sterile woman. I

called attention to the fact that so much displacement and anteflexion was due to a defect. We know how the uterus is formed, first the fundus, then the cervix, then the vagina, and then the suspension of the sacro-uterine ligaments. Many of the defects are due to a shortening of the sacro-uterine ligaments. Because they are short they draw the uterus up at the point of their attachments, so that the fundus drops forward, and the cervix is bent very much as a boy picked up by the seat of the trousers. With the bending of the uterus the ovaries drop forward with it, and become compressed. We can lengthen those ligaments by a process of massage, by dilation of the cervix and packing, and thus bring about a greater blood supply, with a consequent development of the uterus. I think it is only in very rare instances that an operation is necessary in these cases of anteflexion. When it comes to retroversion those are generally in later life, and are rarely found in a young girl. They generally follow the bearing of children, and in these cases frequently the knife is required for their correction. We should keep in mind, however, the important function of the ovaries in the young girl, and how easily it is interfered with because of some displacement of the uterus.

*Dr. Byron E. Miller:* There is no doubt but these early symptoms come from displacements of long standing. I think the consensus of opinion is that we do not get a displacement from a fall or sudden drop of the body. It is in the cases that have been hanging on for a long time, in which nutrition is interfered with, that you get a history of a fall and inflammation follows. We may get a displacement due to inflammation from some traumatic cause, but it will not be sudden but gradual. When these cases come on they should be looked after early, the malnutrition should be corrected, and the blood supply given its proper force to overcome this condition in the majority of young girls.

*Dr. Kelso:* I wish to compliment the writer of the paper. It is a very complete one. I wish to emphasize one point, and that is, the possibility of many cases of appendicitis in women being mistaken for some of these ailments. From experience and observation I am satisfied that from ten to twenty-five per cent of all cases of supposed appendicitis in women that have been operated, are not cases of appendicitis at all, but the trouble is due in all probability to some disease or displacement of the ovary or uterus.

*Dr. Gurney* (closing the discussion): Mr. Chairman, I am happy indeed to have had such a splendid discussion. There was no theory in the paper, every bit of it was from practical experience, having been almost an invalid at one time in my life, having had many of these troubles. As I traveled about

the country for some years I was necessarily obliged to be in the hands of different physicians; much of what I said in regard to treatment I know from actual experience. There was lack of relief from some of the treatments, while with thorough replacing and packing immediate relief was afforded. I feel that I have had an unusual opportunity to learn different methods. After I came into the profession, as I looked back over those things, they were a great help to me, as I could figure out the good things and the bad.

As to the trouble being due to infection, some of the worst cases I have had to deal with have come on almost immediately after a displacement, due to an accident, when there could have been no infection; for instance, the woman who fell on the ice, and in half an hour she was almost insane from nervous symptoms and intense pain.

## X-RAYS IN THE DIAGNOSIS OF DISEASES OF BONES AND JOINTS.

EMIL H. GRUBBÉ, B. S., M. D., CHICAGO.

X-ray is daily yielding immense harvests of knowledge to the medical profession. Of all departments of medicine, surgery has benefited most by the diagnostic uses of this ray. With it the diagnosis of bone diseases has become an exact science. Indeed, it may be said that modern bone surgery has been made possible because of the advent of the x-ray.

It is the purpose of this paper to indicate briefly the value of the x-ray in locating and differentiating bone and joint pathology, and to point out the characteristic radiographic signs which appear in the more common of these lesions and which may, therefore, be used as a guide.

No one realizes more than does the surgeon that correct diagnosis is half the victory in the battle with pathologic conditions. We possess in the x-ray a method of the greatest value in assisting us to accurately determine the various pathologic conditions of the bones and joints. With its aid we are able to obtain early as well as exact information following which definite therapeutic procedures can be undertaken and therefore clinically favorable conditions brought about in a much shorter time than would otherwise be the case.

Many surgeons have maintained that the x-ray is not needed to diagnose many of these conditions. That may be true

in some few bone cases which have advanced so far that he who runs may diagnose, but for general work the usual tests have proved unsatisfactory and therefore would suggest that something more was needed. The extra knowledge brought out by means of an x-ray examination is worth a great deal. It localizes the lesion; gives an exact idea of its size, depth and extent; consequently makes more accurate not only our diagnosis but what is often more important, our treatment and prognosis. Even though a practitioner of wide experience and great ability can make fairly accurate diagnosis in many of the bone diseases, the x-ray should always be used to confirm the ordinary opinion diagnosis. Such procedure offers confidence to the patient and also protection against a malpractice charge to the surgeon.

The x-ray is the most reliable method for determining bone pathology known today, and I predict that when the value of scientific radiography is thoroughly understood and appreciated, far less attention and weight will be given to other methods of diagnosing these lesions. A radiograph properly made and correctly interpreted is not only of diagnostic value, but it gives also important information for use in any operative procedure which may be contemplated. Often it is of value in determining whether to operate or not.

Like the microscope, the cystoscope and other diagnostic aids necessitating the use of delicate apparatus, the x ray brings us information which takes much study to properly interpret. Indeed, the proper interpretation of a radiograph is more important than the taking of the picture. To properly interpret radiographs there is need of opinion from one who knows not only that pathologic shadows are present; how they differ from the normal; but also what particular disease they belong to. It must be admitted that to be able to do this work in a scientifically correct manner, it is necessary that the operator become thoroughly educated and exceedingly expert by long practical service in this particular branch of surgical work. A novice should not be expected to have a high enough degree of skill to make his work competent. An experienced operator can infer much more on viewing an x-ray plate than is ordinarily inferred by those not conversant with the details of this subject. He can see and locate lesions which would not appear to the uninitiated.

The more we study the diagnostic qualities of the x-ray, the wider becomes the field. At present it may be said that most diseases of the bones can be diagnosticated by this method.

In the brief time which is allotted to this paper it would be impossible to consider in detail all the particular things connected with such an extensive subject. I shall, therefore, give only an outline of the most important differential points under each pathologic condition. The opinions expressed are, naturally, largely from the view-point of the x-rayologist. But, remember, the x-rayologist is in a position to see the work of many surgeons and he also is in a position to compare results often on the same patient; besides he often has the opportunity of seeing radiographically, cases before and after operation, and therefore he is bound to learn some things which the surgeon does not meet often enough to become thoroughly familiar with. For the sake of brevity, I shall treat the subject clinically.

*1. Tuberculosis.*—Tuberculosis of the bone is a common disease, especially in children. Because it does not, at the beginning, give rise to pronounced illness, the disease has usually made considerable progress before the patient's condition is properly diagnosed. The following radiographic signs are indicative of bone tuberculosis: The lesion in the bone does not present the same density as normal parts; because of the loss of bone substance the shadows constituting the diseased area are indistinct and present a hazy picture without contrasts; the part occupied by the diseased area is so thin it seems to have been under-exposed; the bone substance has shrunk when compared with a like healthy part; the ends of bones, especially the epiphyseal parts and joints, are the favorite seat of this disease; there is swelling of the joint but no swelling of the periosteum where it covers the lesion; in advanced cases sequestra form due to encapsulation of tuberculous foci and these are recognized by the irregular dark areas which present the same appearance as when a radiograph is made through a large quantity of adipose tissue. Tuberculosis may involve the synovial as well as the osseous tissues and usually both tissues are simultaneously affected when the patient consults us. But, of course, only the lesion affecting the bone may be diagnosed by the x-ray unless there is an externally accessible

sinus which can be filled with bismuth or some other x-ray resisting material and thus prepared to show a shadow. Differentiation between this and other bone diseases is not difficult when other systemic signs and the history of the case are investigated.

2. *Syphilis.*—Syphilis of the bone is another disease frequently met with. It has more varieties of manifestations than any other bone disease. It may be congenital and involve only the periosteum; it may appear as an osteitis involving only the body of the bone; it may, as in the late stage of acquired syphilis, involve bone periosteum and also the soft tissues adjacent, e. g., the synovial membrane, tendons and muscles.

Gumma of the periosteum due to syphilis show in the early stages of the disease as irregular bow-like bulgings in the periosteal region, causing the bone at this place to appear as though swollen and curved. The bone proper is always clearly outlined by a dark line indicating sclerosis, but the pathologic portion is less dense than the normal parts.

In the later stages, when the periosteum is destroyed, it does not bulge, but appears as a rough, ragged, projecting surface with less density than the unaffected bony parts.

Congenital syphilis is recognized by a periostitis and sclerosis of the bones of the hand and foot. The metacarpal and metatarsal bones are most often affected.

Syphilitic osteitis appears in the radiograph as irregular roughened defects on the outer surface of the bone proper, i. e., between the outer bone surface and the periosteum. Usually when we have an osteitis a periostitis is also present. Due to the chemical changes in the bone substance the lesion offers more resistance to the ray than the normal part and therefore the diseased parts show denser than the healthy parts.

In cases where, in addition to the bone and periosteal involvement, either primary or secondary, there are added to the above signs the typical "island tumor formation" which appears throughout the soft structures adjacent to the lesion in the bone. The islands show very clearly on the radiograph as rounded, isolated, dense masses. They are due to a sclerosis in the soft tissues adjacent to the periosteum and are most commonly found in muscles. Their density can be judged

when I say that usually they cast a shadow in the radiograph of equal density to that of bone.

3. *Necrosis.*—No matter what the cause, necrosis of the bone is readily recognized in the radiograph because of the destruction of the bone substance. Where the bone has been organically disintegrated there the resistance to the x-ray is absent and consequently such areas of necrosis show very clearly by contrast with the normal parts.

4. *Rickets.*—Rickets is a disease more frequently overlooked than any other bone trouble which children may develop. Ordinarily this disease can be diagnosed without the x-ray, but occasionally the radiograph is useful to clear up a questionable diagnosis which has been arrived at by other methods. Because of the deficiency of calcium in the bones, particularly at the epiphyses, where bone is being manufactured, the shadow-casting qualities of the diseased parts are less than normal. The morbid process usually involves the medullary canal and the cartilaginous parts causing irregular enlargement of the ends of the bones. There is also a bending and marked deviation of the epiphyses and, when long bones are involved, a bending also of the bone shaft. Often one bone will be involved while other adjacent bones will be perfectly normal, i. e., in the leg, the tibia may show all the above mentioned abnormalities while the fibula will be normal, thus making quite a contrasting picture.

5. *Scurvy.*—Like rickets, scurvy can usually be diagnosed by ordinary methods, but still cases have been found in which the x-ray has been necessary to absolutely settle a doubtful diagnosis. Advanced cases of this disease develop subperiosteal hemorrhage resulting in swellings which can be shown by the x-ray.

The periosteum bulges much as it does in syphilitic periostitis, but it is not so bow-like and even, and there are patches of dark and light areas throughout the lesions. The disease usually affects the lower extremity and is most commonly confounded with rheumatism.

6. *Periostitis.*—As outlined under the heading of syphilis, periostitis, no mater what the cause, can be recognized radiographically by a bulging shadow on the external surface of bones. This shadow is lighter than the bone, but darker than the flesh parts. In early cases the raised shadow is homo-

geneous and indicates the extent of the accumulation of exudate. In old cases the outer surface of the periosteal shadow is smooth but the parts next to the bone are roughened, and, because of their greater density, due to sclerosis, cast a shadow here which is usually denser than the bone itself. These bulgings of the periosteum may be single as in felon or they may be multiple as in syphilis. Periostitis of traumatic or syphilitic origin is very common and should be kept in mind in "rheumatic or neuralgic cases" which fail to do well under prolonged drug treatment.

7. *Arthritis.*—Radiographically we may diagnose rheumatoid, gouty, tubercular and deformans arthritis.

In the rheumatoid form the joint shadows resist the ray more than is normal because of the sclerosis of the synovial tissues. The articular cartilages are roughened because of the growth of new bone from these points. The ends of the bones, especially just above the epiphyseal line, become deformed. To differentiate from tuberculosis we find that rheumatoid arthritis is accompanied by redness and inflammation of the soft tissues as well as pain in the joint. Ankylosis is not complete.

In gouty arthritis the articular surfaces of the bones are most involved. The normal space between the articular surfaces is absent, i. e., the bones are so close together that it is often very difficult to tell where one ends and the other begins. The ends of the bones are always hypertrophied and there is more or less complete ankylosis.

In tubercular arthritis there is destruction of all the joint tissues and, therefore, reduced shadow casting qualities of these structures. The signs as previously given under tuberculosis are all present.

Arthritis deformans is not a disease per se, but may result after any of the above forms of the disease have become chronic. All arthritides, at some stage or other, show hypertrophy of the ends of the bones and when this condition is accompanied by complete ankylosis the name "deformans" is usually applied.

8. *Bone-cysts.*—Bone-cysts are comparatively rare and it is well that this is so for it is a condition which is difficult to diagnose even with the help of the x-ray. In the early stages a cyst of the bone and a sarcoma look alike radiographically.

In the later stages the two diseases can be differentiated because a cyst, which forms within the bone, never leaves the bone, that is, the periosteum, and a thin bony covering always limits the cystic mass, while a sarcoma, after forming within the bone, goes through the wall of the bone, the periosteum, and even into the soft tissues outside. The cavity of a bone-cyst may be filled with a fluid or semifluid mass and as such materials offer little resistance to the x-ray the tumor casts a lighter shadow than the healthy parts. If the cyst is large the bone will appear swollen and distended. A thin wall of bone of normal density always encloses the cystic mass, which presents the appearance of drops of oil of different size, on a watery surface.

*9. Deformities.*—Whether congenital or acquired, deformities seldom offer difficulties of diagnosis by ordinary methods, but even here the x-ray may often be used to advantage in not only locating the limits of the deformity, but also to give us an idea of its structural nature.

*10. Osteosarcoma.*—Osteosarcoma usually involves the ends of long bones, where it ordinarily begins in the body of the bone and goes outward through the periosteum. More rarely it begins as a periosteal lesion and travels inward. The diseased part casts a pale, indistinct shadow having angular as well as rounded darker bordered isolated spots within the thin bony shell, which is very much distended, often three to four times the normal size of the bone. In cases where the disease is very far advanced the edges of the bone do not cast a clear shadow, but instead a rough, moth-eaten edge is shown. A condition which might be mistaken for sarcoma is myositis ossificans, also known as myosteoma. In this latter disease the shadows in the radiograph look much like sarcoma, except that the pathologic area is sharply outlined where it joins the bone. Clinically, it may also be noted that myositis is a slow growing tumor when compared with sarcoma; the latter also is a very devitalizing and painful affection when compared with the former.

*11. Chondroma.*—Osteochondroma is a disease which is found in long bones. Radiographically it simulates sarcoma: the shadows are the same, except that in chondroma the mass is usually circular and grows out from the bone, presenting the appearance as though the tumor, which casts a much lighter

shadow than the bone proper, had been placed so its rounded edge just touched the periosteum. Often, especially in young persons, the circular tumor will be shown in the radiograph on top of the bone shadow, which appears perfectly normal, so that one views the bone through a circular film or blotch. Usually, also, in chondroma more than one bone is involved, while in sarcoma one bone only is involved. It should not be forgotten that chondromata often degenerate and become sarcomatous.

12. *Osteoma.*—When an osteoma starts from the periosteum, i. e., outside of the bone, it is called an exostosis. When it begins on the interior of the bone it is called an endostosis. Both of these conditions present a picture quite similar to sarcoma, except that the bone is not swollen or distended and also that the periosteum and soft structures outside the bone are not involved. These tumors are also irregular in outline, show more marked differences in shadow-casting qualities, are of slow growth and, unless near active joints, usually are painless as compared with sarcoma.

13. *Osteomyelitis.*—Osteomyelitis can be diagnosed by the x-ray only when it is far advanced. There must be decided necrosis of the bone, resulting in the formation of a cavity or a sequestrum, before the lesion can be made out on the plate. Where the bone has been destroyed by the pathologic process, there its shadow-casting qualities are reduced and such areas can be plainly outlined in the picture. The light necrosed area is shown plainly because it is enclosed by a dark wall which later is due to sclerosis of the bone at this place. The bone is also swollen and a periostitis is nearly always present. In old cases having discharging sinuses we may find the bones presenting the appearance as though fractured. This is due to the fact that the bone, as fast as it becomes destroyed, is discharged through the sinus, leaving a void space which looks like a fracture. Here I might also mention that osteomyelitis is a common development following compound fracture.

From the foregoing, I think you must be convinced, and I know you will agree with me when I say, that in the diagnosis of bone and joint troubles any surgeon who has not brought to his assistance the services of the x-ray has failed alike in his duty to himself and to his patient. Unquestionably the surgeon who desires to have the best results in his diagnostic and

operative work must appreciate the usefulness of the x-ray. It will make many things clear which otherwise might remain hidden. The question of proper treatment we must all admit is dependent upon proper diagnosis. Temporizing treatment, expectant treatment can be wiped off the boards if the x-ray is used more frequently. At present, in experienced hands the making of a radiograph is not a hazardous operation and therefore no one need fear of exposure to this diagnostic aid.

130 N. State St.

**Peril in amateur work with the Roentgen ray.** Within the last six months one of the most eminent radiographers in this country, Dr. Leonard of Philadelphia, and two manufacturers of x-ray tubes, Mr. Baker and Mr. Green, both of Hartford, Connecticut, have died from the effects of exposures to the Roentgen-ray. These men had been injudicious in exposing themselves. Dr. Leonard was one of the earliest investigators, as was also Mr. Green. Manufacturers seem to have taken less precaution than physicians during recent years. Since the first death from Roentgen-ray exposures the scientific men who have used it have taken great precaution, in some instances adopting what may have seemed to be rather extreme precautions to protect themselves against the demonstrated dangers. The accidents arising from indiscretions have been instructive to both physicians and manufacturers for more than ten years, and have led all who are informed to become more and more cautious in their uses of the x-ray. They have recognized the dangers arising from more or less constant exposures, even though the immediate effects are relatively small. It is exposures to the Roentgen-ray day after day, even for short periods, which gradually deteriorate the tissues of those so exposed. . . . . .

The Roentgen-ray is not a dangerous agent, either to the physician or patient, in the hands of those who understand it, but will accomplish what cannot be accomplished in any other way or by any other means so well. The dangers, therefore, are not real in the hands of those who know its properties and control, but in the hands of the careless or ignorant therapeutists or the careless or indifferent radiographer it is a menace

# EDITORIAL

**The Doctor and the Income Tax.** Medical practice has ever been recognized as an occupation which gives a living in return for hard work, but rarely riches. If riches come, it is by reason of wise investment, rather than the monetary reward of personal service.

When some of our nonmedical neighbors were puzzling over the income tax, we put this question to several members of the profession: "What of the income tax and the doctor as a business man?"

From the Ohio valley came a characteristic reply: "If a man has an income big enough to be taxed, let him sing the Long Meter Doxology." From the upper Mississippi valley: "The Physician as a Business Man?" In the language of the farmer looking for the first time at a giraffe, 'By gum, there ain't no sich animile.'" A medical neighbor who cuts coupons vouchsafed this information: "I never saved anything. But my wife sends out the bills and every month since we were married she has salted something down. Then I invest it." The current number of the *Bulletin* of the Missouri Institute of Homœopathy, thus aptly presents these assets of the medical practitioner: "Your stock in trade is your knowledge; your brain is your warehouse; your health and strength your working force, and your office your show room."

The personal income tax is going to help the professional man square up his program of personal service by ordinary business methods.

Compared with most legislative enactments, the income tax is uncommonly lucid. The paragraphs under "Deductions for Expenses," are susceptible of adaptation to professional life; for instance, "A reasonable allowance for the exhaustion, wear and tear of property arising out of its use or employment in the business, such allowances being usually known by the name of depreciation, and must be based upon the experience and best judgment of those engaged in that business."

This has been reckoned up in such material things as machinery and mines as "5 per cent of gross value." It is equally true of human bodies and there should be a "human machinery clause."

A man probably reaches his maximum of possible hours of work in twenty-four somewhere in the middle thirties. After that, while an hour of work may count for greater achievement, there must be more frequent intermissions of play. The machinery is more easily affected by wear and tear. A certain deduction should be made for "exhaustion of deposit." Provision should be "made against the day when the total property value shall be exhausted and there shall be need of replacement"—"a reasonable allowance for depletion of ore" —"an allowance for the return of the capital investment."

The professional man, be he in medicine, law or theology, should introduce into his business some such system of checking up capital, gain, loss and running expense which has characterized the modern business office. S. M. H.

## THE WORK OF THE COUNCIL OF MEDICAL EDUCATION AT KANSAS CITY, MO.

Preliminary Report by George Royal, Chairman.

The Council sent Mr. Arthur W. Smith of Boston, Mass., to Kansas City, Mo., for a definite purpose; viz., to save the college. The Council felt that the valuation of the college meant much to Homœopathy in general and more to the Homœopathic physicians of Kansas City and the surrounding country. We have always felt that the closing of the doors of any college of Homœopathic Medicine meant the narrowing and weakening of the influence of Homœopathy in the Society of that college. This we felt was especially true of the college at Kansas City because the college was so situated that to it would go the students of a large field who could not be induced to go either north or east for a medical education. The people of the great southwest are peculiar in that respect.

The second reason was that the demand for homœopathic physicians in the new southwest is constantly increasing. The demand is for Homœopathics graduated from their own people. Mr. Smith was instructed to make a thorough canvass of the field and report. This he has done. The report shows that the Council was correct in its estimate of the need for help. It further shows that the profession of Kansas City have been aroused, have been united in their efforts, and what is best of

all, are united in their confidence in Mr. Smith, and his work. So great is this confidence that Mr. Smith has been asked by the profession of Kansas City to continue his work. Arrangements have been made to continue the old college one year while the money is secured and the new college and hospital buildings are being erected. We feel that a genuine revival of Homœopathy has begun at Kansas City which will permeate the entire southwest.

## INTERNATIONAL COUNCIL AUG. 6 TO 8, 1914.

President Wilcox has made two additional appointments to the list of delegates. For the convenience of those who will be abroad this summer, the entire list is herewith presented: Jas. W. Ward, chairman; William D. Foster, Chas. R. Sumner, A. S. Runnels, H. P. Cole, Wm. B. Van Lennep, Arthur B. Norton, G. Forrest Martin.

## PERMANENT ENDOWMENT FUND.

The objects of the Permanent Endowment Fund cannot be repeated too frequently:

I. Propagandism of homœopathic principles by means of lectures, pamphlets, books or personal representatives.

II. Support of approved homœopathic colleges and hospitals.

III. Proving of drugs—a basic principle.

IV. Support by scholarship of worthy homœopathic students.

The investment and expenditures of the funds are in the hands of the Board of Trustees elected by your own membership and in actual charge of the bonded Treasurer, Dr. T. Franklin Smith, 264 Lenox Ave., New York City, to whom all subscriptions should be sent.

W. H. Dieffenbach,
*Chairman.*

## OUR HONORARY PRESIDENTS.

Death has claimed recently Dr. Hiram L. Chase, one of this year's honorary presidents, and Dr. Miles Wesley Palmer, honorary president, 1912-1913.

## THE INSTITUTE PROGRAM.

As a final preparation for the Institute session, President Wilcox and Dr. Sawyer have taken a May jaunt through the Middle West, according to the schedule announced in the March JOURNAL, page 836. One or two days at each of ten state meetings betokens the enthusiasm which is being put into the preparations for the Atlantic City session. Ohio, Michigan, Indiana, Illinois, Missouri, Iowa, Minnesota and Wisconsin have responded generously.

The Memorial Service on Sunday evening has been a significant feature of the Institute for several years. This year Dr. Van Baun will give the message to the living in memory of the dead.

Other Sunday services have been arranged for in Atlantic City churches: Dr. Runnels on "The Question of the Hereafter;" Dr. Wood, "Borderland Diseases;" Dr. Sutherland, "How to Secure Health and Happiness," and Dr. Wilcox, "Physical Efficiency." The Young Men's Christian Association has invited Dr. Edward Beecher Hooker to speak at 4:30 on "The Social Evil." Dr. Hooker served on the Hartford Vice Commission and has given the subject close study for several years.

Monday morning, sharp at 9, President Wilcox will call the meeting to order for routine business. Before adjournment at 10:30, nominations will be announced. The spice of politics, signing up the nomination blanks and prognostications make the journey to the Institute and the hours after arrival up to the Monday adjournment one of the liveliest periods of the session.

The program, printed in full pages 1210 to 1239 speaks for itself.

Monday evening is occupied with the formal opening on the Steel Pier. This is in charge of Dr. Silvers of Atlantic City. There will be music, an address of welcome from the Governor of New Jersey, President Wilcox's address and responses, a reception and dancing.

Wednesday has only one serious session. Therefore, to give variety, Materia Medica graciously shares the morning hours with Obstetrics. The afternoon is assigned to yachting, the evening to social assemblies, the Seniors, the alumni dinners and the fraternities. On Friday evening, the formal banquet of earlier years gives way to a Frolic, informal, fun-provoking, entertaining and recreating. Come Sunday—stay until Saturday.

## THE RESPONSE OF THE SENIORS.

May 6, a letter was sent to the Seniors, asking for immediate response to the question, "What has made Institute membership worth while, in your professional life?"

To a few was sent the additional request for comment on "Choosing a Specialty," to be published in later issues of the JOURNAL. The prompt response, the intimate note of good comradeship reveal the Senate of Seniors in possession of the finest characteristics of a fraternity.

Drs. W. John Harris, Alice Burritt, A. F. Bissell and Henry R. Stout sent greetings to the Institute Membership without specific answer to this question. The other replies are given in the order received. There is no more splendid prelude to the Institute session than these messages. Replies received too late for this issue will appear in the July magazine.

## WHAT HAS MADE INSTITUTE MEMBERSHIP WORTH WHILE, IN YOUR PROFESSIONAL LIFE?

*Sollis Runnels:* The association, the pride of comradeship, the constant uplift that one feels from a full knowledge of being a member of the oldest, grandest and most useful institution of medicine to mankind, that the world has ever known, has made it worth while to have been a member of the American Institute of Homœopathy for the past twenty-seven years.

*Thomas Franklin Smith:* Attending the annual meetings and touching elbows with the members in attendance, and listening to the papers, on various subjects, which were read and discussed, has done more to keep alive and strengthen my love for Hahnemann and belief in his teachings than anything else could have done. The teaching and example of such members as Drs. Carroll Dunham, P. P. Wells, Adolphe Lippe, Constantine Hering, John F. Gray, Benjamin F. Joslin, Edwin M. Kellogg, Henry Guernsey, all of whom I knew personally, and others of the same stamp, which space prevents me from mentioning, have done more to encourage and help me in my practice as a Hahnemannian homœopath than I could have gained in any other way.

*Henry C. Aldrich:* The thing that appeals to me the most is the acquaintances which I have made among the leaders in homœopathy, among the men who have done things for homœopathy, and always look forward with the greatest of pleasure to renewing acquaintanceships made at the Institute. I can truthfully say to the younger men who have just joined or are considering joining the Institute, that it has been

money in my pocket to belong to the Institute, and to attend its meetings, because friends whom I have met at its meetings have sent me business; when their patrons move to my city, I am frequently recommended to those patrons and it all redounds to my benefit. This entirely aside from the mental benefit derived from the papers and discussions at the various sessions. By all means join the Institute; be loyal to homœopathy and do everything possible to advance its interests.

*Wm. E. Leonard:* The A. I. H. has been of paramount value to me for three reasons:

First. The personal friendships, lengthening out as we grow older and becoming more and more precious. The handclasp of a fellow physician, even only once a year, cannot be valued by any ordinary standard.

Second. The actual money value of professional acquaintances referring their traveling or moving patients to you in another city.

Third. The actual gain in knowledge that comes from conscientiously listening through a session to hints and methods, which in the hurry of work at home you may have overlooked.

No man can go home from a session without such added information, not to mention the professional inspiration that always comes from contact with those engaged in the same occupation. Missing a session of the A. I. H. is a distinct loss to the individual, and also in some degree to the Institute.

These are my real sentiments, although not always lived up to in the past.

*Theodore M. Johnson:* It seems almost absurd to ask a Senior, what has made Institute membership worth while? I would not have stayed with the Institute so long if not worth while.

It is an inspiration and a professional help. It fathers all the interests of homœopathy professionally and legally and thereby is worth one hundred times more than it costs.

*T. F. H. Spreng:* It is of infinite value to me in that it is a great help in keeping abreast of times; in keeping in touch with the brightest minds in the profession. It adds interest to the reports of papers and their discussion in the JOURNAL.

*Edward Beecher Hooker:* Institute Membership has been worth while for many reasons.

It is certainly worth while to meet the energetic, forceful men and women of the profession, the leaders in their respective specialties and in general practice, and to be stimulated to higher effort and greater efficiency by contact with them.

Membership is worth while from a financial point of view. The American people are migratory and change of residence is

common. I have had patients sent to me from almost every section of the country by physicians whom I have met at Institute sessions. This is profitable, but it is not the most profitable feature of membership.

Man does not live by bread alone. The association with congenial spirits, the exchange of views, the firm friendships formed, the renewal of which year by year is a joyful experience—these are the ties that bind me to the Institute and make it worth while to be a member.

*Edward E. Snyder:* The Institute has been worth while to me by bringing me in closer touch with many prominent physicians there assembled, thereby giving an inspiration that tends to professional upbuilding.

*John Prentice Rand:* The Institute has been to me a sort of "Clearing House" for professional currency from which I have received most satisfactory returns. I joined it two years after graduation and ought to have done so before. My advice to every recent homœopathic graduate is this: Join the Institute and do it *now*.

*Roland T. White:* The Institute has to me been the torch bearer of truth, inspiring, and expressing unity and inflexible endeavor for the advancement of homœopathy; the mother whom we love to honor, as well as the sturdy, loyal sons who have upheld her hand, raising her to high estate: in a word the Institute has to me inspired unfaltering loyalty to our principles.

*E. Jeanette Gooding:* Out of loyalty to homœopathic practice, I am happy to say that I believe being a member of the American Institute of Homœopathy has been much to me and in many directions a great help. It has given confidence to my patients and success to me.

*T. T. Church:* Among the many good things that my preceptor, Dr. R. B. Rush, impressed upon my mind was the value of society membership, and I have certainly learned many things for the benefit of my patients that I could not have found in any journal or text-book.

*George B. Peck:* Attendance on twenty-five consecutive meetings of the Institute *paid* because having seen our prominent men, I knew exactly how to interpret their writings; because having listened to their converse I was incited to renewed exertion to perfect myself in my *profession (not trade)*, was awakened to a keener sense of my responsibility as a homœopathic physician alike to the community and to my brethren, and was led to a more profound regard for that system of medication which alone can insure me against some time discovering I had unwittingly destroyed a life committed to

my care for preservation. Comradeship akin to that existing among old soldiers was the natural and inevitable result.

*Benj. F. Bailey:* The same things that make the family the center of initiative, of loyalty and of good fellowship.

*Thomas E. Reed:* Institute Membership apart from enjoying the meetings and the benefit gained by the annual reports of Institute proceedings, gives solidity and standing in the profession and enables us to refer our patients to fellow members in various parts of the country when occasion requires such reference.

*William Davis Foster:* The Institute has always stood for high ideals in business, in morals and in medicine. Whatever success I may have achieved is wholly due to membership in the Institute and association with the followers of the homœopathic practice.

*Jas. A. Campbell:* I have been a member of The American Institute of Homœopathy for thirty-eight years. I have never attended a meeting without being benefited in every way; mentally, physically and socially. Always bringing back with me new ideas, new inspiration, new friendships, stimulated in effort, strengthened in belief and happier in my friendships.

*H. F. Biggar:* The Institute sessions have always proved highly beneficial both intellectually and socially, and a source of inspiration.

*Frederick W. Halsey:* "United we stand, divided we fall," an old but trite saying, and one fitting us homœopaths like a glove. Our Institute stands for all that is good in us and for us, and when it ceases to exist (if such unfortunate time should ever come) homœopathy will be but a memory. My only regret is that I did not join immediately on graduation, forty-three years ago, for then I should be one of the old fellows indeed, while as it is I am but an Infant Senior.

*C. H. Cogswell:* I am among the older Seniors, having joined in 1866, while my beloved teacher and professor, G. D. Beebe, was Secretary. My sincere congratulation to the Seniors present and wish them a very happy and successful meeting. Will be with them in spirit. Homœopathy is one of the "greatest blessings that ever happened to mankind," as many lives have been saved as well as much suffering relieved. Great is homœopathy.

*Harriet Judd Sartain:* From the fact that the Institute recognized women on an equality with men in the profession all over the United States and throughout the world, I felt, wherever I might be, I was at liberty to call on a brother in the profession if I needed assistance. So far I have always received it, I am happy to say.

*O. S. Runnels:* Attending the Institute Sessions has always been a great inspiration to me, a lift to a higher plane of professional ability. The stay-at-home Doctor beggars himself unwittingly by doing so. He cannot afford to lose the assistance and growth that the Institute Meeting will bring to him. The fellowship of Kindred Spirits is the basis of all life worth living. No doctor can keep up with the procession without being counted and keeping step in the ranks. I always feel that I have suffered great loss when for any reason my attendance is impossible.

*H. E. Beebe:* I have the sublime satisfaction of being a member of the oldest national medical organization in this country; and, furthermore, of being a member of, by far the most influential homœopathic organization in the entire world.

*August Korndoerfer:* The meetings have always proved both *interesting* and *instructive*; the exchange of views based upon personal experience extremely valuable.

Again, there is, especially during our younger years, an immeasurable advantage derived from professional communion with the leaders in thought in our school. I treasure as most happy memories my early intercourse with those masters in homœopathy through whose labors the enduring framework of our Institute was built.

*Francis W. Boyer:* The social side has appealed to me. It has been a pleasure to be associated with so large a body of trained and social gentlemen—men who have done their communities much good, and consequently the world. The meetings are always instructive and well invite their attendance. No one is too old to learn and none is so well informed that the Institute Meetings will not give him help.

*Geo. M. Ockford:* The association with members of the profession, and a broadening of medical knowledge from the discussions at the meetings of the Institute, have added pleasure and profit to my professional life.

*Samuel P. Hodges:* Regular attendance at the meetings of the Institute for over thirty-five years has been of great help and instructive for me in my professional life. It has strengthened and enthused me all along the years. One feels in touch with the men who are doing the main work of the profession. It helps to keep step in the forward march for the principles of homœopathy.

*Malcolm Macfarlan:* I was graduated in 1865 in the prevailing or old school, and very soon, thereafter began reading the *Organon*, which made me a homœopath. This came about after I had run up or potentized a great many medical substances and made hundreds of so-called provings, to be sure

that dynamized medicine could produce symptoms. After that I was convinced by thousands of proofs, that medicines so prepared often made marvelous cures. I have now been actively engaged in this work for nearly fifty years.

*Moses H. Waters:* Association with its members has been and is an aid and an inspiration to me along all lines of my professional life.

*Lamson Allen:* As I look over my twenty-six years of membership, I can only say this, that said membership has helped me in my standing before the public where I have lived, and before the courts of the United States on the witness stand. Other than that I see no immediate personal value in membership in that or any other society.

*N. Emmons Paine:* Meeting my friends and coming into closer relations with my colleagues, the literary exercises, travel to parts of the country that would not be visited otherwise, have made membership worth while.

*Joseph T. Cook:* It has always been a real pleasure to be in the company of those who have the same interests in the practice of medicine according to similia, and in the Institute I have formed life-long friendships which have helped me to ride over some of the rough spots in life's journey. Presence at the meetings and the new ideas gained there have helped me every day in my practice, and have stimulated me to study and research at home. The time to join the Institute is the year of graduation and thus you support the organization that is the key to the arch which holds up our school, and personally as well as professionally help yourself up and onward.

*George R. Southwick:* The large amount of information on timely subjects given by careful observers, the new ideas of clear thinking men and women, the renewal of old and the formation of new and valued friendships at the Institute meetings have broadened my professional life and added much to its enjoyment.

*J. H. Sherman:* "In union there is strength." And I will add, the greater liberality allowed our membership so long as it adheres to the principle of *similia similibus curentur.*

*Corresta T. Canfield:* It has meant more to me than I can express,—socially, professionally and financially.

*John M. Lee:* The social features of the American Institute of Homœopathy have always been very enjoyable factors, but the scientific work of the organization has been of greater utility to me.

# Correspondence.

## HAZARDS IN MEDICAL PRACTICE IN CHINA.

Prov. R. I., Apr. 29.

*To The Editor:*

I herewith forward extract from a letter dated Sienyu, March 23, posted in that city presumably the same day (all portions of the stamp save the name of the city are from the Chinese syllabary), postmarked also at Amoy on the 27th and at Shanghai on the 31st, received by this morning's delivery. It merits printing in that it clearly exhibits the amount of that kind of "nerve" popularly designated "sand" possessed by some of our sisters, possibly by all. Although the two referred to are unknown to me even by name, I make to the trio my most courtly and respectful obeisance and hope to meet each member thereof sometime. I may add that it is a matter of profound regret that I am absolutely precluded from representing the Institute in Mexico as an artillerist or otherwise.

Very respectfully yours,

Geo. B Peck,

Chairman International Bureau of Homœopathy.

[Extract from letter from Dr. Betow who joined the Institute at Pasadena, 1910 ]

I must confess I was a bit surprised to see my letter in print and you will be surprised to know I have had two applications as a result, but am sorry that for various reasons they could not be accepted by the Mission Board. You were not wrong in announcing that we were still "exiles from home." Since sending you the report we had another flight and this was far worse than any taken before. We returned after a four months' exile, opened the schools and hospital and in four days had to scamper over the wall and run for our lives at midnight. Two thousand bandits came up to attack the city. We were warned by a Christian from their region. We had about 300 students in the schools. Fortunately I had only a few patients and they lived near by. We heard these bandits were coming to attack the city, destroy our property and kill us. That was not very comforting news and as the roads were swarming with men, women and children we thought we had better get over the wall, go through the fields to a Christian house and stay there until daylight when the fight began. We walked five miles to a little chapel in the foot of the hills, were told the mission station had been completely destroyed and that we had better not stay there as they would be after us next. We walked on, not knowing where to go, when a Chris-

tian met us and said he would hide us in his house. This he did four days, until the bandits discovered our hiding place and we could get word to the United States consul. The nearest telegraph is forty miles *by foot;* no railroads, no horse-car or carriage, not even a road—only little crooked paths. We must be carried by sedan chair wherever we want to go or walk. As our way was cut off toward the coast and not even 200 soldiers could get through the rebel lines, we went farther inland about forty-five miles. From there we took a boat to Amoy, and thence a steamer to Foochow, where we stayed ten months. About two weeks ago we returned to take up our work as best we could. The English mission property had been destroyed but ours had not been touched except by a few stray bullets which I picked up in the house. The fight lasted thirty hours, when the city was surrendered to the bandits, who looted the place from one end to the other, except our property. When the soldiers left, the bandits took charge of the place and would shoot any one who tried to get in; so we did not lose a thing. At present everything seems quiet and we hope we will be unmolested for at least three months, when we go for our summer vacation.

Getting statistics will be quite impossible, i. e., they would not mean anything. No one must die away from home, for the place where one dies is haunted by the dead spirit. So if you should be unfortunate enough to have a patient die in your hospital all the patients would leave and you would be boycotted as having a haunted hospital to which no one would want to come. This makes the mortality very low, *nil* in some places, because when a patient gets very ill they send him home to die. I am more fortunate in that respect in having people who really give me a chance to do something for them in a critical state. As we are the only hospital in this conference there is no way of getting "comparative statistics."

Government does not require any record of births or deaths: no precaution is taken in epidemics of any kind; the Plague epidemic in North China in the winter of 1911-12 being the sole exception.

Emma J. Betow.

## STATE OR FEDERAL EXAMINATIONS.

Atlanta, Ga., April 9, 1914.

Editor, *The Journal of the American Institute of Homœopathy:*

The allopathic county medical society offer as a reason I should become a member, the fact that they, with the A. M. A., are behind a movement to eliminate state examinations, making a diploma good in any state. Possibly they desire to

decide what colleges shall be recognized. But that feature aside, I have always contended this to be the correct plan. Will the A. I. H. have a voice in this matter? I feel like helping it in some way; one ought not to be compelled to join the enemy to do it. Kindly enlighten me.

Yours very truly,

S. R. Stone.

Upon receipt of this letter, it was submitted to the members of the Joint Conference Committee, the Chairman of Medical Examining Boards Committee, Chairman of Journal Committee and to the President of the Institute. The following replies came in:

*George B. Rice:* I believe thoroughly that a diploma from a properly conducted and licensed medical school should admit the holder to practice in any state in the union, but it is difficult to understand why one should of necessity join the A. M. A. to aid in bringing about this legislation.

The action should be brought about by the influence of our own body, as well as that of the A. M. A.

*W. Henry Wilson:* The very great increase of medical examinations in the United States has been through the persistent efforts of the A. M. A. There is nothing in the published reports of the Council of Education or of the Association of American Medical Colleges which indicates a change of heart. I believe there is nothing more remote than such a movement from that quarter.

*John P. Sutherland:* I think it is exceedingly unlikely that "State Examinations" as a pre-requisite to a license to practice medicine will be abolished. So far as I know there is no movement on foot looking toward that end. Without discussing that question, however, let me say that the A. I. H. has the privilege of appearing for or against any sort of medical legislation. Individual physicians and local societies all have the right to remonstrate against or urge the passage of any proposed legislation. It is, therefore, wholly unnecessary for any homœopathist to unite with the A. M. A., or any other organization in order to have his voice heard effectively in legislative matters.

*De Witt G. Wilcox:* It is absolutely and entirely unnecessary for any homœopath to join an old school county or state society, in order that he may enjoy full legal privileges in the practice of medicine. Our own state and county societies are as legally chartered, as are those of the old school, and the latter cannot bestow any privileges which the former do not. The American Medical Association is no more influential or powerful in bringing about the elimination of state examina-

tions than is the American Institute. In fact, it is not as much so because of its decided unpopularity with many of the State Examining Boards.

There is a movement on foot toward an establishment of a Federal Examining Board, and in the event of such an establishment, the homœopathic school will have its full share of rights upon said Board. The rank and file of physicians believe that we should have a Federal Examining Board which should grant licenses to all candidates for practice in all portions of the United States and its territories. The ultimate accomplishment of this desired end can be hastened quite as much by our homœopathic physicians standing close to our National Organization and State Societies as by any other possible method. In fact, it would be utterly impossible for the American Medical Association or any other national organization to bring about the establishment of a Federal Board unless it had the full co-operation of the American Institute of Homœopathy.

*Benj. F. Bailey:* I am in most hearty accord with any move to make a diploma once granted by any medical college in the United States a license to practice in any state in the union provided that move has for the premises a legitimate and equitable basis.

Years ago I presented argument after argument to the profession in favor of federal control. In this brief letter I will not attempt to go into an argument for specific method of license, but as an individual and voter and a member of the profession would insist that any board that might be empowered to pass upon colleges or diplomas should be so organized as to be absolutely fair and just toward every institution. If any college should fail to make itself strong enough for proper recognition, I would be in favor of discontinuing such without fear and without favor, for the college that receives a student imperfectly prepared and graduates him with imperfect education has robbed him, and to my mind is standing before the public in a worse light than the common highwayman.

*Herbert D. Schenck:* I think this statement regarding the A. M. A. being behind the movement to eliminate the state examinations is clear buncombe. They have fathered the plan, I believe, for a national licensing board, whose examinations should be accepted by the various state examiners. But as the whole matter of licensing physicians is a police power, belonging exclusively to the states, few of them in my opinion will surrender their legal right to determine what shall be the qualification to enter the practice of medicine in their state, and will not surrender this to any outside body.

## HOMŒOPATHY AND THE MEDICAL SCIENCES AGAIN.

*To The Journal of the American Institute of Homœopathy:*

In his editorial in the May number of the JOURNAL, "E. L. N." seems somewhat to have missed the point of the article of the writer hereof in the April number.

In the first place, the ideas advanced were not incited by the criticisms of the A. M. A., but were of long standing in the mind not only of the writer but, he has no doubt, of many who have at heart the best interests of the homœopathic branch of the profession.

It is a lamentable fact that the homœopaths as a body have been so absorbed in the practice and propaganda of the "philosophy" of homœopathy that they have, with few exceptions, been blind to the progress of events medical. The writer, being a graduate of the literary department and the homœopathic medical department of one of our great universities where the homœopathic students are educated in the fundamentals together with the old school students, has had perhaps a larger opportunity for understanding the viewpoint of medical men in general than have those who have been educated solely in homœopathic institutions. Then, too, he has been associated to a greater or less extent during the past fifteen or sixteen years with the representatives of Illinois medical colleges of all schools. It is his belief that the effort at standardization is praiseworthy. Standardization is a relative thing. The efforts of its advocates are evidently not so much to raise a barrier beyond which the ambitious may not go as to fix a minimum to which all must attain. This not only does not make for mediocrity, but it challenges the best to increased efficiency. No ambitious man wants to herd with the commonplace, in which class belong those who have no ambitions above a common school education and who decry all manner of higher education. Standardization necessarily spells limitation to many of the unworthily ambitious and elimination to others. Standardization, however, is not confined to matters medical. The profession has been among the last to feel the effects of modern progress as expressed in the rulings made by those who have either rightly or wrongly, but with a greater or less degree of authority, set themselves up as judges. The raising of standards in this country has come about through the increase in population, through the amassing of wealth and through the general dissemination of education among all classes of people. We are approaching European conditions. These conditions necessarily give rise to the elimination of the jack-of-all-trades and the rise of the

specialist, whether or not such a condition be for the best good of the community and the nation at large. These facts apply to all businesses, trades and professions. It is a fact, not a theory, and as much as we might like to do so, we cannot escape from it. Even the trade unions have their apprenticeships, their schools, their rules, their examinations, such as they are, and their general tendency toward improving efficiency.

Undoubtedly President Lowell was correct when he sounded the note of warning in regard to over-standardization. The American people have a tendency to be extremists; as medical men we are generally conservative, hence the rather late date at which the modern tendency has manifested itself in the ranks of the profession at large.

We all know what is going on. We do not all have the same opinion with regard to the motives of those who are the leaders in the advancement of medical standards. The writer believes that they are, on the whole, honest. He believes that there has been and still is a need for greater efficiency in educational methods and in the actual life work of the practitioner. There is, to be sure, always a point beyond which it is not safe to proceed in the raising of standards. There are many well informed medical educators who think that the limit of requirements has been reached, at least for the time being. There are so many irregular practitioners, so many so-called quacks, so many advocates and practitioners of various healing arts whose friends have obtained influence with many legislators, that it behooves the medical profession as a whole to be somewhat careful lest it proceed too far in its effort to protect the public in its particular field, thus jeopardizing its own best interests. This is no time for the different branches of the profession to be at odds with one another. We do not feel that we are fundamentally so. We are all working for a common end, taking therefor different routes. Let us look at the matter for a moment from our own viewpoint.

What is the position of the homœopathic branch of the medical profession to be in relation to the present and future status of medical education? Is it to be one of advancement side by side with modern progress, or it is to be reactionary? During the greater part of the nineteenth century homœopathy was the advanced factor in medical progress. The civilized world came to know and to recognize homœopathy as a positive factor in medical progress. The question now comes as to whether it is to so continue or is to become a back number, a thing of the past, as it is now said to be by some. The writer believes that the answer to this question lies in the attitude taken by the leaders of the profession toward modern

scientific medicine. A hundred years ago medicine was an art based on theories. Homœopathy was considered a philosophy, and it still is so stated to be, most unfortunately, by some of its best friends. The fact is, philosophy in relation to things medical carries with it the idea of medievalism, of alchemy, and of pure theory to the active man of the present day. This is the day of science, and there is fair prospect that the future will be a time of greater pure scientific research and scientific exactness in knowledge and in practice in all lines. To speak of homœopathy as a "philosophy" is to do it an injury, and is an injury to the cause and to the profession. The writer believes that homœopathy as such is a science and that the homœopathic law of cure can be demonstrated scientifically and will be demonstrated scientifically. Already research laboratories under homœopathic control are proceeding in that direction.

Why, then, are the medical sciences of interest to homœopathy? For the reason that the homœopathic practitioner of the future, he who is graduated this year and in the years to come, must be conversant not only with the science and art of homœopathy but with the correlated and fundamental sciences essential to the modern practitioner of medicine. It is useless to say that the homœopath does not need anatomy, physiology, pathology, chemistry, sanitary science and such other things. He *must* have these things and he must know them at least as well as his brother practitioner of the "regular" school and must be an all-around, up to-date man. If he is not efficient in something outside of pure homœopathy he will not and cannot make a success in the true sense of the term.

What are the homœopathic educational institutions going to do about this condition? Are they going to allow their students to obtain their education in the fundamental, correlated and allied sciences and subjects from old school and other sources or are they going to instruct their students in these things themselves? The university medical schools, in which students are now educated in the fundamentals by non-homœopathic faculties, are in a good and solid position owing to the fact that such university education is of high grade. It would be better, however, if these students could be educated in all branches by those who are of homœopathic proclivities. The writer believes without any reference whatever to the A. M. A. or the State boards or any self-constituted examiners that it is incumbent and even mandatory upon the homœopathic colleges to graduate men of the highest grade of proficiency and efficiency. This is for the honor of homœopathy and for the perpetuation of our branch of the profession. This can be

done, however, only by the consistent and loyal support of the profession in general, the Institute, and the alumni of the various colleges. If we are to keep our educational institutions independent we must be independent, not only in homœopathy as a science and art, but in the fundamental and correlated sciences and arts.

Hence the plea for a Bureau of the Medical Sciences in the Institute, for the scientific departments of the Colleges and for the instructors therein present and future.

**Francis C. Ford, A. B., M. D.**

## General News.

*Contributors for June: Drs. Cowperthwaite, Adair, Drahos, Titzell, Baemeister, Harper, Rowland, Burch, Young, Drury, Ashley, Horner, Meek, Macfarlan, Bernstein, and Nair.*

**California.** The Los Angeles County Society elected the following officers at their annual dinner: B. E. Fulmer, pres.; Helen Cooley Palmer and S. E. Sanger, vice presidents; Alice G. H. Anderson, secretary-treasurer. Drs. Kerr, Bishop, Barnard, Hawkes and Anderson, censors.

Dr. Lewis P. Crutcher has won out in his efforts to have his Florida credentials recognized by the State Board of Medical Examiners.

Dr. Crutcher is now president of the newly organized "Citizens Medical Rights Alliance of California." This Society has for its chief object the repeal of all discriminatory and compulsory medical enactments and the establishment of separate and Independent Boards of Medical Registration and Licensure.

Dr. Carl L. Thudicum, formerly of Denver, has opened an office at 4th and Broadway, San Diego.

Dr. Cowperthwaite is east on a short business trip, looking well with his two hundred avoirdupois.

**Delaware.** Dr. Beale presented a paper on "Pertussis" at the monthly meeting of New Castle County in Wilmington.

**Illinois.** The state meeting under Dr. Calvert's presidency was lively from start to finish. Nothing is more insipid than a program which calls forth no discussion. There was discussion and difference of opinion, plenty of it, with a splendid round-up at the closing dinner. The guests on the program were President Wilcox, Dr. C. E. Sawyer, Dr. W. P. Best and Dr. A. A. Ogle. The officers for the ensuing year are Drs. A. C. Tenney, president; Wil-

liam M. Honn and Richard H. Street, vice-presidents; G. M. Cushing, secretary, and C. A. Harkness, business manager. The society honored itself by re-electing Dr. E. C. Sweet treasurer by a rising vote.

Dr. William A. Crooks, formerly Superintendent of the Watertown State Hospital, has removed to Rock Island, where he is working exclusively in nervous and mental diseases.

Dr. C. Edward Sayre announces removal of his residence to 6438 Drexel Ave., but continues his office in the Chicago Savings Bank Building.

Drs. Clifford Mitchell and Julius Toren announce their removal to 25 E. Washington St.

Dr. Antoinette Fellows has removed to 5498 Cornell Ave., Chicago.

Dr. W. L. Meng has finished his interneship at the State Hospital at Fergus Falls, Minn., and returned to Belleville.

Dr. E. R. Strong has removed from Downers Grove to Industry.

Dr. Frank Smith announces a permanent address at Buda.

Dr. Carl Dienst has been appointed Physician and Surgeon to the Marconi Wireless Company, Marshall, Calif.

**Iowa.** Dr. Hubbard's paper on "Hormology" and Dr. Titzell's report of clinical cases gave rise to a lively discussion at the recent meeting of the Central Iowa Association.

Dr. Frank Titzell's little pamphlet "Why Students of Medicine Should Select the Homœopathic School" closes with the significant sentence, "There certainly is no professional field open to day where the opportunities are greater, and where the way is brighter for a competency in old age, than is to be found in the practice of homœopathic medicine."

Dr. Frank E. Stoaks has removed to Spring Hill.

**Louisiana.** The sea voyage from New Orleans to New York will attract some of the southern members attending the Institute. The sailings are Wednesdays and Saturdays and require five days.

**Maine.** Dr. Clifford Harvey has completed his service at the Reading Hospital and returned to his home in Bangor, until he determines upon a definite permanent location.

**Massachusetts.** The annual report of the Finance Committee of the Boston University School of Medicine reports the net cost of the 1913 educational campaign to have been $1,599.64, with the result of $27,804.96 secured for the endowment fund and $1,950.50 for expenses of the Finance Committee.

At the state meeting, the following officers were elected: Thomas E. Chandler, president; Amanda C. Bray and Harry J. Lee, vice-presidents; Edward S. Calderwood, recording secretary; Benj. T. Loring, corresponding secretary; Thomas M. Strong, treasurer; George R. Southwick, chairman of the board of censors.

The standing committee on Postgraduate Courses, Drs. Wells, Watters and Wood announce the usual six weeks' course in the early summer. The Out-patient Department of the Medical School, the Massachusetts Homœopathic Hospital and the Evans Department for Clinical Research unite to give facilities for original work.

Dr. Homer I. Ostrom has joined the Bay State colony by making permanent headquarters at his country place, "Wonder-Strand, Waquoit." While Dr. Ostrom has given up active practice, he may be addressed for consultation by the Falmouth telephone service.

Dr. W. H. Stone has removed from Providence to Attleboro.

**Michigan.** The University at Ann Arbor announces a summer course, primarily clinical and laboratory work from June 29 to August 7.

Dr. B. J. Sanford's paper on "Shock" before the Verification Club aroused a deal of discussion. The Club closed its year with a program on "Tuberculosis" by H. M. Sage and "The Therapeutic Advantages of being a Homœopath" by Dr. Ritter.

The Western Michigan meeting will hold an "unofficial" session in Wayland in June.

Governor Ferris gave a popular address at the Michigan State Society wherein he scored the problem play.

Dr. Claude Burrett was elected president of the state society and Dean Hinsdale was elected Chairman of the Board of Control for a period of five years.

**Mississippi.** The death of Dr. A. O. Hardenstein of Vicksburg, leaves an opening for a homœopathic practitioner in a field of large possibility, provided he is not intimidated by being obliged to take an examination under an old school board. Or, there is a chance for a fighter like Crutcher to test the license he holds from some other state board.

**Missouri.** The Baltimore Hotel was the place selected by the executive committee of the state society for their three days' meeting. No program could be dull that carried on every page the stimulant, "Confine your remarks to the paper and limit your discussion to five minutes." At the banquet, formal addresses were given by Dr. Wilcox and the state pres-

ilent, Dr. Parsons. Among the guests announced were Drs. Sawyer, Dienst, Royal, Dewey and Wilcoxsen.

His many friends miss the rugged geniality of Dr. Forster, who is still in search of health in California.

**New Jersey.** The special feature of the annual meeting of the state society was the resolution to district the state for organization work. The informality of the session at Hotel Breakers in Ocean City brought out the quiet members in animated discussion. Medical politics has enlivened the past year. There was an attempt to oust the veteran Uebelacker from the State Board. The State Society made a fight and Dr. Uebelacker was retained. The new officers are Charles H. Church, Newark, president; C. Winfield Perkins and Frank McKinstry and C. F. Hadley; vice-presidents; A. W. Atkinson, recording secretary; R. F. Rabe, corresponding secretary; C. C. Straughn, treasurer. The 1915 meeting will be held in Asbury Park.

Dr. W. S. Lanning announces removal to Pattenberg.

Dr. W. D. Rowland, formerly of Ann Arbor, Michigan, has succeeded to the *O. O. R. L.* practice of Dr. L. E. Hetrick, Asbury Park.

**New York.** For forty years the Middletown State Homœopathic Hospital has been taking care of patients mentally sick. Work done there for four decades shows a marked contrast to the methods of a half century ago, and indeed a sharp contrast to many a present day private sanitarium where the hypodermic needle is the common sedative to a mind deranged. Dr. Maurice Ashley, from Philadelphia Hahnemann, is the present superintendent. For many years the Middleton Hospital has been notable for its remarkable record of the therapeutic success. Associated with it are such names as George Foote, Henry Stiles and Selden Talcott.

Dr. William H. Dieffenbach announces removal to larger quarters at The Rutland, 256 West 57th St., with morning hours for consultation and the x-ray laboratory open all day.

Dr. Russell Sprague of Syracuse announces removal to 608 E. Genesee St.

As a result of the initiative of the New York County Society, Drs. Porter, McDowell and Cole will serve on the Advisory Council of the New York City Health Department.

Alumni Day, N. Y. Homœopathic, closed May 28th with a banquet at the Waldorf-Astoria, with Dr. J. I. Dowling as toastmaster. According to Secretary Fobes, "the jingle of money bags is strictly taboo on this occasion."

Dr. A. B. Norton announces his usual vacation, June 27th to October 1st. Dr. C. E. Williams will be in the office during that period.

**Ohio.** The state society celebrated its golden anniversary at Columbus, at Hotel Southern, under the presidency of Dr. Frank Webster of Dayton. Governor Cox, Dr. Thompson, president of the Ohio State University, and the president of the Institute were guests at the informal dinner. Charles F. F. Campbell, executive secretary, and Marian Campbell, field secretary of the Ohio Commission for the Blind, presented an address illustrated by slides on "Blindness and Its Prevention."

The Summit County Clinical Society were the hosts to the Eastern Ohio and right well did they rise to the occasion. The luncheon was really a dinner. It was fine and eminently satisfying. But it was the surprise which came with the luncheon which will be long remembered and that was an impromptu talk from Dr. Asa S. Couch of Fredonia, N. Y. He talked right straight from the shoulder about the necessity for our school taking a "stand-pat" attitude in its relation to therapeutics. He reaffirmed his belief in the efficacy of the law of cure which he has been using for nearly sixty years. He was given the closest attention and his words sank deep. Dr. Horner told of his having first met Dr. Couch at the Institute meeting of 1891 when the doctor was the orator of the occasion. This address was really most eloquent and took the audience by storm. The presence of Dr. Couch was an inspiration to all present. Dr. C. E. Sawyer made an eloquent plea for the same stand-patness for which Dr. Couch asked. He told of the strength of our school and asked each member to advertise it to the best of his ability.

**Pennsylvania.** The internists of the County Medical Society are demonstrating their practical activity in homœopathic therapeutics. The inaugural meeting held for the purpose of founding a sectional society for the friendly study and observance of matters germane to homœopathic materia medica and therapeutics was held at the residence of Dr. William B. Griggs on the evening of Wednesday, May 6. A tentative organization was effected and officers elected for the immediate future. Dr. Oliver S. Haines took the chair during the time of election. Dr. Wm. B. Griggs was elected president, Dr. Oliver S. Haines, vice-president, and Dr. D. Macfarlan was elected secretary and treasurer. After this, Dr. Augustus Korndoefer, Sr., made a few remarks upon the rhus toxicodendron and the rhus radicans which was supplemented by a few observations of the former drug by Dr. Haines. Dr. Griggs then spoke about the need for a future investigation of the basic elements, which is a field which requires a great opening up in the future. He then gave some personal observations on the action of amylum and glycerin. In a proving of

the latter drug the blood pressure was raised to 170 with a subsequent fall on the cessation of the proving. A transient glycosuria was also produced in the proving. Dr. Macfarlan made a few remarks on the provings of morphin sulphate and argemone mexicana. Dr. Korndoefer then concluded by speaking of the five German translations of the Organon and their respective differences as Hahnemann perfected his system of therapeutic treatment.

Dr. Charles L. Green, a Senior since 1906, has made Philadelphia his home, 2311 Delaney St.

The profession celebrated the 159th anniversary of Hahnemann's birthday by a dinner at the Majestic Hotel, Philadelphia. Dr. Leopold presided, Drs. Wilcox, Ashcraft and Howard were speakers.

Dr. Julia Loos announces removal to East Liberty, Pittsburgh, where she will continue consultation by correspondence from her office in the East End Trust Bldg.

Dr. Charles Ley announces change of address to 929 Maryland Ave., Pittsburgh.

**Wisconsin.** The state meeting came off at Hotel Pfister, Milwaukee, with a good program and only two essayists absent.

Drs. Wilcox and Sawyer made this the tenth of their series. They certainly have earned the reward of an enthusiastic session at Atlantic City.

## Obituaries.

**Hiram L. Chase,** the Senior of Seniors in Institute membership, died at his home in Cambridge, Mass., April 24, 1914. Dr. Chase was graduated in medicine in 1846, and joined the Institute the following year. At the Denver session he was made one of the Honorary Presidents for the year 1913-1914. The story of a long and honored life will be given in a later issue.

### MILES WESLEY PALMER.

**A tribute of love by Thomas Franklin Smith.**

**Miles Wesley Palmer,** the son of Miles and Deborah Clarke Palmer, was born in New York City, March 16th, 1822. He received his education in New York City and studied medicine as a student in the office of his brother, Walter C. Palmer, M. D., and graduated from the

New York University in 1847, receiving the degree of Doctor in Medicine.

He joined the American Institute of Homœopathy in 1848. He continued in active practice, as a general practitioner, until five years ago, since which time he simply practiced among some of his old families who were unwilling to give him up.

He married Miss Hannah A. Worrall, April 19, 1851; they had two children, both of whom are living, Miss Luella and Arthur Worrall, the latter being a homœopathic physician and a member of the American Institute of Homœopathy. Mrs. Palmer died in 1898.

Dr. Palmer was a member of St. Paul's M. E. Church and was a faithful and regular attendant at the services there until the church moved uptown which made it inconvenient for him to be an active member. Although he never changed his membership from that church, he attended the services of the Headding M. E. Church, which was in his immediate neighborhood. He was an old style Christian gentleman, very strong in his convictions of right and wrong. He was a very ardent and active worker in the Prohibition Party, and kept up his interest in this work until his death. In politics he always voted the Prohibition ticket, until the last presidential election, when he voted for President Wilson. He was also a very earnest and useful member of the "Palmer Holiness Meeting," which meets weekly, and which was instituted by his brother, Walter G. Palmer, M. D., seventy-nine years ago.

He was a man who seldom changed his residence, having lived in the house in which he died since 1867. He passed from his earthly abode into the other room of his Father's great house, April 10, 1914. To know him was to love him. Although very quiet in his demeanor, his utterances, on every subject in which he was interested, were strong and forceful, and carried great weight with them.

In his departure the Institute has lost the second oldest of its members, admired and loved by all who knew him.

**A. O. Hardenstein** was born in Jassamine, Keen County, Ky., August 9, 1846, died in the Presbyterian Hospital, New Orleans, La., March 23, 1914, aged 67 years.

His father, Dr. A. O. H. Hardenstein, was a distinguished homœopathic physician, friend and pupil of Hahnemann; his mother was Miss Harriet E. Haven of Cincinnati, Ohio.

In 1859 the elder Dr. Hardenstein removed with his family to Jackson, Miss., becoming a homœopathic pioneer in that section and later well known to the profession throughout the United States because of his success in treating yellow fever in the several epidemics that later ravaged the southern country.

At the age of 16, Dr. Hardenstein entered the confederate army, joining Wirt Adams' Cavalry, serving until the end of the war. Although only a student in his father's office, he made a great reputation for himself in the treatment of yellow fever at Vicksburg during the deadly epidemic of 1878, in which homœopathic methods of treat-

ment were conspicuously successful, the death rate being 6 per cent as compared with 25 per cent under old school methods of treatment.

He was a student of Dr. Hering while attending Hahnemann College of Philadelphia, from which he graduated in 1881. He returned immediately to Vicksburg, where he practiced until the date of his death, upholding the truths of homœopathy in his community against all comers.

Dr. Hardenstein was a most unassuming man, noted for his integrity and kindness to the poor. His death was a great loss to the community in which he lived, as well as to homœopathy in the South and leaves a gap in our ranks which will be difficult to fill.

E. H.

**Norman Glenn Parker,** a graduate of the Cleveland Homœopathic Medical College, in the class of 1897, died at Glendale, Calif., March 15, 1914, at the age of 39 years. He had practiced in Minnesota, South Dakota and Iowa, coming to California from the last state because of failure of health. Member of the Institute since 1909.

**Celia M. Haynes,** joined the Institute in 1913; died April 9, 1914.

**Belle Howard,** Hom. Med. Col., Missouri, 1883; died in Los Angeles, Feb. 6, 1914.

**Anna T. Lovering** died at the Evans Memorial in Boston, Feb. 22, 1914.

**Franklin J. Slough,** Allentown, Pa., April 13, 1914. Member of the Institute since 1876. For fifty years Dr. Slough brought to the people of his native county the wealth of professional attainment and good citizenship.

**Rebecca R. George,** a member of the Institute since 1894, died at her home in Indianapolis, April 23, 1914. Dr. George was the daughter of physicians and a graduate of the University of Michigan and the wife of Dr. Wm. E. George of Indianapolis. Dr. George gave much time to philanthropic and educational work and was affiliated with many organizations for the promotion of health and human progress.

**Daniel Simmons,** Senior in the Institute since 1881, died March 18, 1914.

**Charles E. Rowell,** Stamford, Conn., graduate from the New York Homœopathic Medical College in 1875, died at his home, March 30, 1914.

**John W. Dowling,** New York City, a Senior since 1902, died in Middletown, N. Y., May 11, 1914. Dr. Dowling was stricken in September, 1913, in Easton, Pa., while on a consultation with Dr. C. Spencer Kinney. Dr. Dowling was a brilliant student at Columbia and afterward in the New York Homœopathic Medical College. He won a wide reputation in diagnosis and treatment of diseases of heart and lungs.

## AMERICAN COLLEGE OF SURGEONS.

Chicago, April 18, 1914.

Dr. DeWitt G. Wilcox,
419 Boylston St., Boston, Mass.

My Dear Doctor:—I take pleasure in informing you that the Board of Regents of the American College of Surgeons at its last meeting in New York unanimously recommended that the American Institute of Homœopathy be placed on the same basis as the American Medical Association, Clinical Congress of Surgeons of North America, and other associate societies. By referring to our directory or the circular I sent you recently, you can ascertain definitely what that relation will be. I am quite sure that with the unanimous recommendation of the Board of Regents there will be no difficulty in making the change in the constitution which will be necessary to bring this matter about.

I am writing this same information to Dr. James C. Wood.

With kind regards, I am,

Yours very truly,

(Signed) **Franklin H. Martin,** General Secretary.

## TRANSPORTATION TO ATLANTIC CITY.

The Transportation Committee wishes to make a last call to the profession, notifying them we have done our part and the success of the work done depends largely on your support. We wish to call your attention to the following facts:

1st. That we have provided for an all-steel equipped train which makes for safety first.

2nd. This train will not preceed or follow a regular train within an hour, which means for safety second.

3rd. We will have with us an authorized railroad official who will keep in touch with all rail traffic.

4th. We will not go so fast as to add to the dangers by spreading rails, etc. We are taking a comfortable trip made up of a sensible schedule, a well equipped train, and our first thought is of your safety and next of your comfort. There is no excuse for anyone going other than by the Institute special. We are giving you an opportunity to see Washington and Philadelphia on the way, and above all we want you to go so that we may benefit by your experience and you by ours. Many of our friends who went to California just four years ago have passed to the great beyond. We never know what time may do for any of us; do your duty while you can and one of the greatest of your duties is to give to homœopathy your loyal support in return for what it has done for you.

Send in your names early; it saves much confusion to get proper equipment at the last moment. We want your support, we need your support and we are asking for your support to make the Institute special a big gorgeous success.

**T. E. Costain, Chairman.**

## NEW MEMBERS—WANTED 1,000.

The Cabinet of 100 are gathering in material for the action of the Board of Censors. The annual gift has been presented to the 1914 graduates. Send your application blanks properly filled *on both sides* and accompanied by check or money order to your neighbor in the Cabinet of 100 or to

**Dr. Ralph Bernstein,**
37 So. 19th St., Philadelphia, Pa.

## TO SUBSCRIBERS—THE INDEX AND JOURNAL COVERS.

This issue contains the Index to Volume VI, July, 1913, to June, 1914, page 1265. In the pages following the index is a folder with title page for the bound volume. Covers for Volume VI will be sent out in September in response to the request from Institute members. Send communication to the office of the JOURNAL.

## WORTH REPEATING.

### Medicine and the Public Press

The safeguard of publicity cannot be overestimated. The moment an individual, corporation, a sect, trade or profession realizes that its every act may and will be exposed to the merciless gaze of an interested public, that moment it sets about cleaning house, and makes ready for the inspection. Moreover, it makes a great effort to keep clean all the time, not knowing when the inspection may come. The medical profession has little to fear and much to gain by publicity, and as we seem to be getting our full share at the present time, we should be able to make some estimate as to the results.

* * * * *

The better class newspapers are not only seeking medical news of interest and enlightenment, but most of them have a medical censor who carefully supervises such news to make sure it is scrupulously correct. The net result of this careful censorship has been most wholesome, both to the profession and the reading public. The public is learning something of the tremendous amount of investigation, research, study and infinite patience which one group of doctors employ to find the cause of certain obscure diseases. They are learning how another group of doctors adopt and apply these new found truths to the lessening of the sum total of physical ills. The public, through the censored press, is only just awakening to a full understanding of the amount of devotion, self-sacrifice -even physical suffering and deprivation which the true physician of today has voluntarily assumed in endeavoring to rid the world of sickness, disease and deformity. The physician, be he laboratory worker, specialist or family physician, feels the stimulation which comes from encouragement, coöperation and the interested gaze of the public, and is speeded up to do his utmost to hasten the day of disease eradication. He is made to see his work more and more in its altruistic light and less in the commercial.

Lastly, this wholesome medical publicity has at last caught the eye and the heart of the philanthropist, and as a result, our research laboratories are being born. They should have been born a generation ago, and they should not have been obliged to depend upon charity for their birth. Public safety and communal protection should have provided the funds for all the necessary machinery with which to prevent and cure sickness. State funds should now be appropriated to complete the work of the philanthropist and thus give ample support to our well-established Research Laboratories.—*From Editorial N. E. Med. Gaz., May, 1913.*

1844-1914

# American Institute of Homoeopathy

## PROGRAM

FOR THE

## 70th ANNUAL MEETING

Hotel Chalfonte, Atlantic City

June 28-July 4, 1914

### BOARD OF TRUSTEES

DE WITT G. WILCOX, Boston, President
GRANT S. PECK, Denver, First Vice-President
ANNA D. VARNER, Wilkinsburg, Pa., Second Vice-President.
SARAH M. HOBSON, Chicago, Secretary
THOS. FRANKLIN SMITH, New York, Treasurer
WILLIAM O. FORBES, Hot Springs, Arkansas, Registrar
NORMAN G. BURNHAM, Denver, Honorary President

JOSEPH P. COBB, Chicago
GEORGE ROYAL, Des Moines
J. RICHEY HORNER, Cleveland
ARTHUR B. NORTON, New York
THOS. H. CARMICHAEL, Philadelphia
JOHN P. SUTHERLAND, Boston
JAS. W. WARD, San Francisco
WILBERT B. HINSDALE, Ann Arbor

### BOARD OF CENSORS

JOHN B. GARRISON, New York
WILLARD A. PAUL, Boston
A. C. COWPERTHWAITE, Los Angeles
MILLIE J. CHAPMAN, Springboro, Pa.
WALTER E. REILY, Fulton, Mo.

# SCHEDULE

**Sunday, June 28, 1914.**

Dr. A. W. Baily, Chairman.

The following addresses will be given in Atlantic City Churches. Time and place to be announced on the Bulletin Board at the Chalfonte:

| | |
|---|---|
| A Chapter on Borderland Diseases. | James C. Wood, Cleveland. |
| The Question of the Hereafter. | O. S. Runnels, Indianapolis. |
| How to Secure and Retain Health and Happiness | John P. Sutherland Boston. |
| Physical Efficiency. | DeWitt G. Wilcox, Boston. |

Y. M. C. A., 4:30 p. m. The Social Evil.
Edward Beecher Hooker, Hartford Vice Commission

First Baptist Church, Racine and North Carolina Aves., 8 p. m., Memorial Address
William Van Baun, Philadelphia.

## CHALFONTE: Rooms 17, 20 and the Smoking Room on the Lounge Floor

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|---|---|---|---|---|---|
| 9 to 10:30 | Business R. 17 | Business R. 17 | Business R. 17 | Business R. 17 | Business R. 17 |
| 10:30 to 1 | Homœopathy R. 17 | Clin. Med. R. 17 | Mat. Med. 10:30 to 12<br>Surg. Obstet. 12 to 1<br>R. 17 | San. Sci. 10:30 to 11:45<br>Pedology 11:45 to 1<br>R. 17 | S. and G. R. 17 |
| 2:30 to 6 | Homœopathy R. 17<br>Obstet. Sm. R.<br>Phys. Ther. R. 20 | Clin. Med. R. 17<br>Obstet. Sm. R.<br>D. and G.-U. R. 20 | Deep Sea Sail | S. and G. R. 17<br>Mat. Med. Sm. R.<br>Phys. Ther. R. 20 | S. and G. R. 17<br>Pedology Sm. R<br>San. Sci. R. 20 |
| 8 to 10 | Reception and Dance Pier | Homœopathy R. 17<br>D. and G.-U. Sm. R.<br>Phys. Ther. R. 20 | Dinners:<br>Seniors<br>Alumni<br>Fraternity | S. and G. R. 17<br>Mat. Med. Sm. R.<br>Clin. Med. R. 20 | Frolic |

O. O. and L. at Hotel Dennis. Monday to Friday.

Saturday, July 4, 1914. Unfinished Business.

## ATLANTIC CITY.

**A Midsummer Playtime.** The Atlantic City Publicity Bureau announces the following pastime as interlude to the serious sessions of the Institute:

**Monday 8:45 p. m.** An opening reception on the far end of the Steel Pier, beyond the noise of the breakers. This will include music, addresses of welcome and responses; the Pier Orchestra and dancing.

**Wednesday.** An afternoon of yachting in honor of the ladies. Tea will be served at the Yacht Club on the return.

**Friday Evening.** Armory of the Morris Guards and adjoining rooms will be thrown open for the Frolic. Only the committee in charge knows the precise nature of this festivity. It is guaranteed to be novel and entertaining.

**Throughout the week,** Monday to Friday inclusive:

Admission to the Steel Pier, on presentation of coupons, secured at time of registration.

Play Room at Haddon Hall.

Hospitality of the Country Club.

Richards' Baths. Best suits at minimum rate of 25 cents.

## THE EXHIBITS.

The exhibits this year are under the direct management of the Institute, through their Business Manager, Mr. George B. Hoyt. The exhibitors invite your attention to their display as you go to and fro. Give them your home address in exchange for their aid in making the Institute a financial success.

## BUSINESS OF THE INSTITUTE.

**Voting.** In order to vote, your dues, 1913-1914, must be paid. Verify your financial standing at the Treasurer's desk in the Lounge.

**Badges and Coupons.** The full measure of Atlantic City hospitality is extended to you upon presentation of coupons and badges. Report early to the Registrar, also in the Lounge, for your badge and coupons.

**Election of Officers.** The By-Laws, Art. IX, Sec. 8, call for election of officers on the "second morning of the session, at 10 a. m., Sundays excepted."

The officers to be elected are President, 1st Vice-President, 2d Vice-President, Trustee to fill the unexpired term of Gaius J. Jones (Sept. 26, 1914), three Trustees (3 years), and one Censor (5 years).

**Election of Officers,** 10 to 12 Tuesday morning.

**Nominations** shall be made on the morning of the first business session, Monday, 9 to 10:30. Any member receiving the indorsement of 10 members becomes thereby a nominee, provided no indorser's name appears upon more than one paper for that office. Get your nomination blanks from the Secretary and return them properly filled before 10:30 Monday morning.

**Business Sessions.** Interest in the Institute is enhanced by following up the business sessions. Set aside an hour and a half for

five days, 9 to 10:30, Monday to Friday, for informing yourself on the business of the Institute.

**Vacancies during the year.** Three officers died during the year 1913-1914: Dr. Hiram L. Chase, April 24, Honorary President; Dr. Gaius J. Jones, Feb. 7, Trustee, 1911-1914; Dr. James H. McClelland, Nov. 15, Trustee, 1912-1915. At the December meeting of the Board of Trustees, Dr. J. Richey Horner was elected to fill Dr. McClelland's unexpired term.

**Cabinet of 100.** President Wilcox combined the Committee on New Members, Ralph Bernstein, Chairman, and the Special Committee on Women Members, Emily E. Swett, Chairman, into the Cabinet of One Hundred, each of whom pledged an honest effort to secure 10 new members. The fruit of their labor will be measured by the report of the Board of Censors.

## AMENDMENTS TO BY-LAWS.

### Proposed at Denver, 1913, to be acted upon at Atlantic City, 1914.

### Clinical Research.

That Article VI., of the By-Laws be amended so as to include "Bureau G, Clinical Research." (JOUR. *p. 235*).

### Council on Medical Education.

That Article VII., Section 2, paragraph G, be amended to read:

"Council on Medical Education (g) shall consist of six members, two to serve three years, two to serve two years, two to serve one year, respectively, and thereafter two to be appointed each year, to serve for a period of three years."

(The duties of the Council on Medical Education shall remain as at present.)

### Nominations and Elections.

Section 8 of the By-Laws to be amended to read as follows:

"Nominations for all elective officers shall be in the hands of the Secretary by 10:00 o'clock a. m. on the third day of each annual session."

"The election of officers shall take place between 10:00 and 12:00 o'clock on the fourth day of each annual session."

### Membership Dues.

Add to the proposed amendment to the By-Laws relating to Membership Dues, the following:

"Said arrangement of dues shall be confined in its application to such graduates as shall apply for membership during the year of their graduation. All others shall pay annually the sum of $3.00."

### Election of Officers.

To the Section referring to the election of officers, add the following:

"No one elected to an office in the Institute, with the exception of the Secretary, the Treasurer and Registrar, shall be eligible to succeed himself.

### Standing Committees.

Notice is hereby given that Section 5 be added to Article VII. of the By-Laws, to read as follows:

Section 5. "No member shall serve on two standing committees at the same time, nor shall any member holding an elective office be eligible to serve on a standing committee while holding said elective office, nor shall any member whose term on a standing committee has expired, be eligible to succeed himself.

### Council on Medical Education.

Resolved, That paragraph G, Section 2, of Article VII., of the By-Laws, relating to the Council on Medical Education, be abolished (JOUR. *pp. 326-7*).

That Article VII., Section 1 (d) be amended by striking out this paragraph, thereby abolishing the Intercollegiate Committee. (JOUR. *p. 329.*)

That Article VII., Section 2, line 8, be amended to read: "The Chairman shall have the power to appoint members to fill vacancies from any State failing to elect members, as prescribed by the By-Laws, or in place of any delegates absent from any cause."

## THE SENIORS.

The following members become Seniors this year: Henry M. Bascom, Frederick Becker, Wm. Henry Bennett, Nicholas Bray, Geo. W. N. Curtis, Willis A. Dewey, Wm. A. Franklin, J. Henry Hallock, Alfred P. Hanchett, Willis C. Hoover, August A. Just, E. Elmer Keeler, Geo. H. Martin, Samuel P. McKinney, Byron E. Miller, Arthur B. Norton, Nancy B. Sherman, David A. Strickler, Wm. H. Van den Burg, James W. Vidal, Willella H. Waffle, Florence N. Ward.

The Senate of Seniors will meet at 1 p. m. on Monday.

Thomas Franklin Smith, Secretary.

## THE MEISSEN.

Mrs. John T. Beckwith, Chairman of Entertainment, together with Mrs. L. Dow Balliett, President of the Women's Homœopathic Club of Atlantic City, and Mrs. Thomas Youngman, Chairman of Hospitality, present the following announcement and program:

The headquarters of the Meissen Society are at the Marlborough-Blenheim Hotel.

Members of the Society are urged to register and obtain their badges immediately upon their arrival. All women visitors are requested to do the same in order that the courtesies of the Society may be extended to them.

In order that the Society and Local Committees may make suitable arrangements, it is requested that each person desirous of accepting the invitations, register before six o'clock p. m. on the day preceeding the function.

Any woman visitor, whether a member of the Meissen or not, is cordially invited to join in the various entertainments afforded.

Information concerning the Meissen Society and its meetings may be obtained at any hour at the Meissen headquarters.

The dues are but one dollar a year. Do not forget to pay them

### Meissen Program.

Monday, June 29th, Evening—Opening exercises of the Institute followed by reception and dance on the Steel Pier.

Tuesday—Free access to all entertainments on the Million Dollar Pier.

Tuesday, 10:30 a. m.—Greeting and short business meeting at Marlborough-Blenheim Hotel.

Tuesday Afternoon, 4:00 to 5:30—Musical reception at Chalfonte Hotel, under direction of Mrs. H. W. Hemphill, President of the Crescendo Club.

Wednesday Afternoon—Entertainment at Atlantic City Yacht Club.

Thursday Afternoon, 3 to 5 o'clock—Japanese Tea at Marlborough-Blenheim Hotel.

Friday, 10:30 a. m.—Annual business meeting at Meissen headquarters.

Trips to lighthouse and other points of interest.

### Meissen Officers.

President—Mrs. Maurice D. Youngman, Atlantic City.

1st Vice-President—Mrs. Edwin S. Vail, Thompsonville, Conn.

2nd Vice-President—Mrs. Walter Crump, New York.

Secretary—Mrs. James B. Brown, Denver.

Treasurer—Mrs. S. B. Moon, Pittsburgh.

## WEDNESDAY EVENING DINNERS.

Wednesday evening is given over to special dinners of the Seniors, of the alumni associations and the fraternities, as well as to sundry independent social functions.

**Alpha Sigma Fraternity.** The Annual Institute Reunion of Alpha Sigma Fraternity will be held on Wednesday evening. Headquarters have been provided at the Chalfonte. Members are urged to register at once so that the committee can determine how many to provide for. A royal old time has been promised. To those who have had the good fortune to attend these meetings no further announcement is needed. There the recent graduate meets the loyal old-timers, new friendships are formed and old ones are renewed. Subjects of interest to all, and pertaining to fraternity welfare are open for discussion. Our beloved Chancellor Dieffenbach will be in charge and tell us of the recent Grand Council and the new Alpha Sigma Journal.—[Signed] Wm. H. Price, Grand Secretary.

**Institute Fraternity.** The annual dinner of the Institute Fraternity of the A. I. H. will be served at the Chalfonte, Wednesday, July 1st, 6 p. m. All medical women are cordially invited.—Marie Louise Hunt, Secretary-Treasurer.

**Pi Upsilon Rho Fraternity.** Dinner, Thursday, at 6:30 p. m.—LeRoy Thompson, Grand Secretary.

**Phi Alpha Gamma Fraternity.** Headquarters have been established at Hotel Chalfonte. All members are urged to register upon arrival. The fraternity banquet will be Wednesday evening, July 1.—A. W. Westney, Chairman.

## SUNDAY AFTERNOON ADDRESSES.

in the Atlantic City Churches.

Details of hour and place on the bulletin board at the Chalfonte.
A chapter on Borderland Diseases. James C. Wood, Cleveland.
The Question of the Hereafter. C. S. Runnels, Indianapolis.
How to Secure and Retain Health and Happiness. John P. Sutherland, Boston.
Physical Efficiency. DeWitt G. Wilcox, Boston.
Y. M. C. A., 4:30 p. m. The Social Evil. Edward Beecher Hooker, of the Hartford Vice Committee.

## MEMORIAL SERVICE.

**Sunday Evening, June 28, 1914, 8 p. m.**

First Baptist Church, Pacific and North Carolina Avenues Program in charge of A. W. Baily, Atlantic City.

Report of the Necrologist, Hugh McD. Beebe, Sidney, Ohio.

Memorial Address. William Van Baun, Philadelphia.

### In Memoriam:

| | | |
|---|---|---|
| Allen, Edmund T. | Heilner, H. F. | Robinson, Samuel A. |
| Carter, Woodward D. | Jones, Gaius J. | Simmons, Daniel |
| Chase, Hiram L. | Marx, Zero | Slough, Franklin J |
| DeBaun, Edwin | McClelland, James H. | Stedman, James P. |
| Elliott, Amos H. | Miller, Z. T. | Tompkins, A. H. |
| Fisher, Arthur | Obetz, H. L. | Uebelacker, Armin |
| Forbes, George F. | Palmer, Wesley P. | Vincent, Stanley |
| George, Rebecca R | Parker, Norman G. | Welliver, J. E. |
| Green, Arba R. | Parker, T. E. | Whitsworth, Herbert |
| Haynes, Celia M. | Roberts, George F. | |

## FORMAL OPENING EXERCISES.

Steel Pier, Monday evening, 8:45.

Program in charge of Homer L. Silvers, Chairman of Reception Committee.

Address of Welcome. Chairman of Local Committee.
Address of Welcome from the Governor of New Jersey.
Response. First Vice-President Grant S. Peck.
Music.
President's Address. DeWitt G. Wilcox.
Appointment of Committee on President's Address.
Music.
Reception and Dancing.

## BUSINESS SESSIONS.

### Chalfonte, Room 17, Monday, 9 a. m.

Call to order.
Preliminary address. President DeWitt G. Wilcox.
Appointment of committee on President's address. Vice-Pres. Grant S. Peck.
Adoption of the order of business.
Action on amendments.
Report of Local Committee of Arrangements. Chairman Thomas Youngman.
Report of Press Committee. Chairman G. Harlan Wells.
Report of Transportation Committee. Chairman T. E. Costain.
Appointments to fill vacancies on standing committees.
Report of the Treasurer. Thomas Franklin Smith.
Report of Committee on Hahnemann Monument. Chairman Thos. L. McDonald.
Report of the International Bureau of Homœopathy. Chairman George B. Peck.
Report of Committee on Resolutions and Business. Chairman Frank C. Richardson.
Report of the Board of Censors. Chairman Walter E. Reily.
Report on College Alliance. Delegate W. B. Hinsdale.
Report of Joint Conference Committee. Chairman H. D. Schenck.
Report of Committee on American College of Surgeons. Chairman James C. Wood.
New Business.
Nominations for officers: President, 1st Vice-Pres., 2d Vice-Pres., Trustee to fill unexpired term to Sept. 26, 1914, Gaius J. Jones, three Trustees for 3 years, Censor for 5 years.

### Tuesday, 9 a. m.

Report of Board of Censors.
Election of new members.
Report of Committee on Resolutions and Business. Chairman Frank C. Richardson.
Report of the Board of Trustees by the Secretary.
Report of Committee on National Legislation. Chairman Jas. W Ward.
Report of Cabinet of One Hundred. Chairman Ralph Bernstein.
Report of Trustees of Institute of Drug Proving. Chairman J. B. Gregg Custis.
Report of Delegates to International Homœopathic Council at Berlin. Chairman James W. Ward.
Report of Committee on Endowment Fund. Chairman W. H. Dieffenbach.
Unfinished business.
New business.
Election of officers. 10 a. m. till noon.

### Wednesday, 9 a. m.

Report of Board of Censors.
Election of new members.
Report of Committee on Resolutions and Business. Chairman Richardson.
Report of Committee on Organization, Registration and Statistics. Chairman Thos. Franklin Smith.
Report of Committee on American Association for Clinical Research. Chairman James Krauss.
Report of Committee on President's address.
Report of Committee on Pharmacopoeia. Chairman Thos. H. Carmichael.
Report of Committee on Institute Journal. Chairman John P. Sutherland.
Unfinished business.
New business.
Report of election inspectors.

### Thursday, 9 a. m.

Report of Board of Censors.
Election of new members.
Report of Committee on Resolutions and Business. Chairman Richardson.
Report of Committee on Medical Examining Boards. Chairman Nathaniel R. Perkins.
Report of Committee on Homœopathic Handbook. Chairman R. S. Copeland.
Report of Interstate Committee. Chairman Byron E. Miller.
Report of Auditing Committee. Chairman Alfred W. Baily.
Unfinished business.
New business.

### Friday, 9 a. m.

Report of Board of Censors.
Election of new members.
Report of Committee on Resolutions and Business. Chairman Richardson.
Report of Council on Medical Education. Chairman George Royal.
Report of Intercollegiate Committee. Chairman Charles E. Walton.
Report of Conference with Eclectic Medical Association. Chairman H E. Beebe.
Report of Board of Trustees on place of meeting, 1915.
Final Reports of Bureaux:
- Homœopathy. Chairman Edward Harper.
- Clinical Medicine. Chairman Edwin L. Nesbit.
- Materia Medica. Chairman Walter Sands Mills.
- Pedology. Chairman Anson Cameron.
- Sanitary Science. Chairman Guy C. Manning.
- Dermatology and Genito-Urinary Diseases. Chairman Sprague Carleton.

Unfinished business.
New business.
Adjournment.

## BUREAUX AND AFFILIATED SOCIETIES.

### BUREAU OF HOMOEOPATHY.

EDWARD HARPER, Chairman, New Orleans.
WILLIAM A. BOIES, Secretary, Knoxville, Tenn.

Room 17. **Monday, 10:30 A. M. to 1:00 P. M., and 2:00 to 6:00 P. M. Tuesday, 8:00 to 10:00 P. M.**

**Opening Address—Edward Harper, New Orleans.**

**The Real Facts and Present Status of Homoeopathy.** C. E. Sawyer, Marion, Ohio.

Discussion. Burton Haseltine, Chicago; Walter E. Nichols, Pasadena, Cal.

**Some Obstacles to the Advance of Homœopathy.** George Royal, Des Moines, Iowa.

Discussion. John B. Garrison, New York; Benj. F. Bailey, Lincoln, Neb.

**Homoeopathy.** Can its interests be furthered by more exact and practical definition of its legitimate field of action in the practice of medicine? Rudolph F. Rabe, New York.

Discussion, George Royal, Des Moines; George F. Laidlaw, New York.

**A Diagnosis of the Homoeopathic Case.** Lincoln Phillips, Cincinnati.

Discussion. H. H. Baxter, Cleveland; G. O. Erni, New Albany, Ind.

**What System of Teaching is Best Suited for the Perpetuation of Homoeopathy?** Royal S. Copeland, New York.

Discussion. Joseph P. Cobb, Chicago; Stuart Close, Brooklyn.

**The Definition of Homoeopathy.** James Krauss, Boston.

Discussion. John L. Moffatt, Ithaca, N. Y.; Royal S. Copeland, New York.

**Immunization and the Homoeopathic Law.** W. H. Watters, Boston.

Discussion. L. R. Kaufman, New York; Claude A. Burrett, Ann Arbor.

**The Influence of Drugs on Immunity.** Sanford B. Hooker, Boston.

Discussion. L. L. Danforth, New York; R. R. Mellon, Ann Arbor.

**Homoeopathy on the Firing Line.** Secretary Wm. A. Boies, Knoxville, Tenn.

Discussion. H. R. Stout, Jacksonville, Fla.; E. J. Burch, Carthage, Mo.

**The Relationship of Homoeopathy to Modern Medical Progress.** W. E. Reily, Fulton, Mo.

Discussion. W. H. Van den Burg, New York; H. V. Halbert, Chicago.

**The Electron Theory and Homoeopathic Preparations.** Wm. H. Dieffenbach, New York.

Discussion. Thos. H. Carmichael, Philadelphia; Jas. W. Clapp, Boston.

**A Chapter of a Possible Work on Borderland Diseases.** Jas. C. Wood, Cleveland.

Discussion. Chas. E. Walton, Cincinnati; O. S. Runnels, Indianapolis.

**The Obligation and Possibilities of Homoeopathists.** J. B. Gregg Custis, Washington, D. C.

Discussion. H. C. Allen, Brooklyn; A. P. Hanchett, Council Bluffs, Ia.

**Totality of the Symptoms.** S. R. Geiser, Cincinnati.

Discussion. C. M. Boger, Parkersburg, W. Va.; O. S. Haines, Philadelphia.

**The Attenuated Remedy.—Whence its Power? And Why Different Attenuations for Different Remedies?** J. W. Overpeck, Hamilton, O

Discussion. Aug. Korndoerfer, Philadelphia; B. H. Ogden, St. Paul.

**The Call of the South to Homoeopathy.** A. L. Smethers, Anderson, S. C.

Discussion. J. W. Lawshe, Atlanta, Ga.; E. P. Howell, Houston, Tex.

**The Medicine of Experience.** Eldridge C. Price, Baltimore.

Discussion. J. Herbert Moore, Brookline, Mass.; G. Harlan Wells, Philadelphia.

## BUREAU OF CLINICAL MEDICINE AND PATHOLOGY.

EDWIN LIGHTNER NESBIT, Chairman, Bryn Mawr, Pa.
GREGG CUSTIS BIRKSALL, Secretary, 1832 Kalorama Road, Washington, D. C.

Room 17. **Tuesday, 10:30 A. M. to 1:00 P. M., and 2:30 to 6:00 P. M**
Room 20. **Thursday, 8:00 to 10:00 P. M.**

**Alcohol and Infectious Diseases:**

1. The Use of Alcohol in Medicine—Conrad Wesselhoeft, 2nd Boston, Mass.
2. The Use of Alcohol in Medicine—O. S. Runnels, Indianapolis.
3. Syphilis in Its Relation to Some Other Clinical Conditions—Alonzo C. Tenney, Chicago, Ill.
4. Anterior Poliomyelitis—Wm. H. Hanchette, Sioux City, Ia.
5. Some Clinical Features of Pleurisy—J. T. Bryan, Louisville, Kentucky.

**Circulatory and Hemic Affections:**

1. Cardio-sclerosis—F. C. Askenstedt, Louisville, Ky.
2. Auricular Fibrillation—Wm. R. Williams, Philadelphia.
3. The Readings of the Sphygmomanometer from a Clinical Standpoint—E. G. Rankin, New York.

4. The Detection and Significance of Various Forms of Irregularity of the Pulse—G. Harlan Wells, Philadelphia.
5. Splenomyelogenous Leukemia—J. P. Cobb, Chicago.

**Gastro-Enteric Diseases and X-Ray Demonstrations:**

1. The Differential Diagnosis of Acute Abdominal Conditions in Children—H. W. Foster, Montclair, N. J.
2. The Significance of the Hunger Pain Symptom in Gastric Disease—Roy Upham, Brooklyn.
3. Some Concrete Reports of Research Studies in Hernia and Nephrocoloptosis and Some Original Points in Abdominal Diagnosis, with Special Reference to Duodenal Ulcer and the Differentiation Between Pelvic and Appendicular Lesions—J. H. Fobes, New York.
4. (To be announced)—W. C. Barker, Philadelphia.
5. The Comparative Value of Different Diagnostic Signs of Gastric Ulcer—Geo. F. Laidlaw, New York.

**Urinary Diseases and Diagnostics:**

1. Tuberculosis of the Urinary Tract with Report of a Case—F. A. Swartout, Washington, D. C.
2. The Diagnostic and Prognostic Significance of Albuminuria—G. C. Birdsall, Washington, D. C.
3. Nephritis and the Toxemias of Pregnancy—Clifford Mitchell, Chicago.
4. The Abderhalden Test for Pregnancy and Allied Conditions—W. H. Watters, Boston.
5. An Unusual Case—S. R. Geiser, Cincinnati.

**Crime a Disease:**

1. (To be announced)—W. D. Bayley, Philadelphia.
2. (To be announced)—Frank C. Richardson, Boston.
3. (To be announced)—Minnie C. Dunlap, Lexington, Ky.
4. The Problems Met With in a Country Practice—Geo. E. Lewis, Rockville, Md.

## BUREAU OF MATERIA MEDICA AND GENERAL THERAPEUTICS.

WALTER SANDS MILLS, Chairman, New York City.
DANIEL E. S. COLEMAN, Secretary, New York City.

Room 17. Wednesday, 10:30 A. M. to 12:00.
Smoking Room. Thursday, 2:30 to 6:00 P. M., and 8:00 to 10:00 P. M.

**Address of Chairman—Walter Sands Mills, A. B., New York.**

**Preliminary Report on Experimental Work with Potentized Remedies.** Joseph H. Ball, New York.

**Observations with Euonymus Atropurpureus.** Alexander L. Blackwood, A. M., Chicago.

**Partial Proving of Opium Graveolens.** Byron G. Clark, New York.

**Verifications.** Daniel E. S. Coleman, Ph.B., New York.

**Present Status of Radium Therapeutics with Demonstrations.** William H. Dieffenbach, New York.

**Paper.** Nathaniel W. Emerson, Boston.

**Paper.** J. C. Fahnestock, A.M., Piqua, Ohio.

**Ficus Religiosa: Provings, Therapeutic Properties, Clinical Verifications.** Sarat Chandra Ghose, Calcutta, India.

**Obstacles in the Progress of Homoeopathy.** W. J. Hawkes, Los Angeles, Cal.

**Clinical Experience with Heart Remedies.** Albert Euclid Hinsdale, A.B., Bay City, Mich.

**Germs and Remedies.** Edward Beecher Hooker, Hartford, Conn.

**Paper.** Ralph R. Mellon, M.S., Ann Arbor.

**Drug Pathogenesis.** E. B. Nash, Cortland, N. Y.

**A Study of Coffea Cruda and Caffeine.** Illustrated with lantern slides. Edwin Lightner Nesbit, Bryn Mawr, Pa.

**The Mental Influence of Drugs.** Eldridge C. Price, Baltimore.

**The Necessity for the Better Teaching of Therapeutics in the Homoeopathic College of Medicine as a Supplement to the Teaching of Materia Medica.** Rudolph F. Rabe, New York.

**An Analytical Procedure for Finding the Curative Remedy which Approximates in Accuracy the Analytical Work of the Chemist.** Guy Beckley Stearns, New York.

**A View of Homoeopathy from Without and Within.** H. A. Whitmarsh, Providence, R. I.

**The Perplexities of Teaching Materia Medica in a Homœopathic Medical College.** O. S. Haines, Philadelphia.

## BUREAU OF PEDOLOGY.

ANSON CAMERON, Chairman, Chicago.
REUEL BENSON, Secretary, New York.

**Sessions: Room 17, Thursday, 11:45 to 1:00. Smoking Room, Friday, 2:30 to 6:00 P. M.**

**Opening Address by the Chairman. Recent Progress in Pediatrics. The Physician as an Educator of Parents: What Parents should be taught.**

**Infant Feeding.** Joseph P. Cobb, Chicago.

**Sex Hygiene.** Sprague Carleton, New York.

**Eugenics.** Frank P. Ekings, Paterson, N. J.

**Prevention of Contagious Diseases.** Reuel Benson, New York.

Discussion: Crawford Greene, Troy, N. Y., F. E. W. Hopke, Brooklyn, N. Y., Van Alstyne Cornel, Trenton, N. J., David B. Jewett, Rochester, N. Y., C. A. Weirick, Chicago, Wm. W. Van Baun, Philadelphia.

**A Clinical Study of Heart Disease in Childhood.** C. S. Raue, Philadelphia.

Discussion: Jeremiah T. Simonson, New York.

## BUREAU OF SANITARY SCIENCE.

GUY E. MANNING, San Francisco, Chairman.

Sessions: Room 17, Thursday, 10:30 to 11:45 A. M., and Room 20, Friday, 2:30 to 6:00 P. M.

Opening Address: Public Health—Eugene H. Porter, New York.

Germicides and Antiseptics. Herbert D. Pease, Lederle Laboratories, New York. (By invitation.)

As copy goes to press Dr. Manning telegraphs that sickness and death have interfered with the work of the bureau; that papers have been promised by Meck, of Cleveland; Church, of Newark; Curran, of Oil City; Ferguson, of Portland; Eaton, of Portland; Hugh Beebe, of Sidney; Miller, of Oregon; Young, of Washington; Bryant, of California.

## BUREAU OF DERMATOLOGY AND GENITO-URINARY DISEASES.

SPRAGUE CARLETON, New York, Chairman.

Sessions: Room 20, Tuesday, 2:30 to 6:00 P. M. Smoking Room, Tuesday, 8:00 to 10:00 P. M.

Opening Address by the Chairman.

The Diagnosis of Kidney Lesions. Some newer methods illustrated. L. R. Kaufman, New York.

Can Psoriasis be Permanently Cured by Isotonic Sea Water? Rollin H. Stevens, Detroit.

The Treatment of Syphilis. J. A. Lenfesty, Mt. Clemens, Mich.

Experiences with Neosalvarsan. W. H. Watters, Boston.

Mixed Skin Diseases. Erwin Schenk, Des Moines, Iowa.

Gonorrhea. Chas. F. Clark, Woodland, Cal.

Inflammation of the Venumontanum. An etiological factor of neurasthenia in the male. E. Russell Sprague, Syracuse, N. Y.

The Diagnosis and Treatment of Syphilis. A. H. Powers, Boston.

Acute Urethritis. (Gonorrheal.) C. E. Burt, New Bedford, Mass.

Moving Pictures in Color. (Kinemacolor process.) Syphilis, Chancroid and Gonorrhea. Sprague Carleton, New York.

Cases and Observations. J. S. Twinem, North Platte, Neb.

Prophylaxis. R. P. Miller, Albia, Iowa.

Erysipelas. F. M. Dearborn, New York.

Treatment of Tumor of the Urinary Bladder. L. T. Ashcraft, Philadelphia.

Paper. Ralph Bernstein, Philadelphia.

Paper. James Krauss, Boston.

## OBSTETRICAL SOCIETY.

President, Gilbert Fitzpatrick, Chicago.

First Vice-President, P. G. Rowe, Denver.

Second Vice-President, J. S. Adsit, Hoopstown, Ill.

Secretary-Treasurer, R. M. Richards, Detroit.

Sessions: Smoking Room, Monday and Tuesday, 2:30 P. M. to 6:00 P. M. Room 17, Wednesday, 12:00 to 1:00 P. M.

### Toxemias of Pregnancy.

**Diseases of the Skin in Their Relation to Pregnancy.** Their Manifestations and Treatment. Ralph Bernstein, Philadelphia.

**The Management of the Eye During Pregnancy.** Burton Haseltine, Chicago

**The Nervous Conditions Incident to Pregnancy.** J. Richey Horner, Cleveland.

### Surgical Obstetrics.

**Ectopic Gestation.** History and Diagnosis. L. L. Danforth, New York.

**Surgical Diagnosis and Treatment.** Specimens for Demonstration. Leon S. Loizeaux, New York.

**Cesarean Section. Endocarditis and Nephritis.** Gilbert FitzPatrick, Chicago.

**Report of a Series of Twenty-five Cesarean Sections Without a Death.** Florence N. Ward, San Francisco.

### Puerperal Infection.

**Etiology.** Hudson D. Bishop, Cleveland.

**The Treatment of Puerperal Infection.** Frederick W. Hamlin, New York.

**The Place of Vaccines in the Treatment of Puerperal Infection.** W. H. Watters, Boston.

**The Use of Oral Vaccines in the Treatment of Infections, Puerperal and Otherwise.** Scott C. Runnels, Little Rock, Ark.

### Miscellaneous.

**A Discussion of Some of the Difficulties and Emergencies in Obstetrical Practice, from Personal Records.** John E. James, Jr., Philadelphia.

**The Relation of the Puerperium to Uterine Displacements.** B. H. Ogden, St. Paul, Minn.

**Damaged Pelvic Joints—The Result of Labor.** Mary E. Hanks, Chicago.

**Post Delivery Morbidity from the Standpoint of the Gynecologist.** George R. Critchlow, Buffalo, N. Y.

## NATIONAL SOCIETY OF PHYSICAL THERAPEUTICS.

President, Edward B. Hooker, Hartford, Conn.
First Vice-President, T. C. Low, Los Angeles, Cal.
Second Vice-President, Laura J. Brown, Lincoln, Neb.
Secretary, E. P. Mills, Ogden, Utah.
Treasurer, A. E. Smith, Freeport, Ill.

**Sessions: Room 20, Monday, 2:30 to 6:00 P. M.; Tuesday, 8:00 to 10:00 A. M.; Thursday, 2:30 to 6:00 P. M.**

**President's Address, Maturity and Old Age.** Edward Beecher Hooker.
Appointment of Committees.
Election of new members.
Reports of officers.

Bureau of Electrotherapeutics, William Harvey King, New York, Chairman.

**A Plea for the Prostate.** N. R. Perkins, Dorchester, Mass.

**The Dessication of Vesicle Growths with the Oudin Current.** Sprague Carleton, New York.

**Some Suggestions on the Treatment of Neuritis.** Wm. Harvey King, New York.

**The Reduction of Blood Pressure by High Frequency Currents.** A general discussion opened by the Chairman and W. H. Dieffenbach.

Bureau of Psychotherapy.

**Symposium on the Sexual Perversions of Middle Life and Old Age.** Frank C. Richardson, Boston; Samuel Worcester, South Norwalk, Conn.; John E. Wilson, New York; E. S. Vail, Enfield, Conn.; A. E. Smith, Freeport, Ill.

**Psycho-Analysis.** A. H. Ring, Arlington, Mass.

Bureau of Radiotherapy—E. Stillman Bailey, Chicago, Ill., Chairman.

**Clinical Cases Treated with Radium.** Frank H. Blackmarr, Chicago.

**Radium Cases.** A. C. Cowperthwaite, Los Angeles, Cal.

**Radium Cases.** J. W. Hassler, New York.

**Lantern Slide Illustrations, Showing Many Phases of Radium Treatment.** E. Stillman Bailey.

**The New Coolidge X-Ray Tube, with Demonstration.** Wm. H. Dieffenbach, New York.

Bureau of Kinesitherapy. G. Carlton Dominick, New York, Chairman.

**Spondylotherapy—What It Is and What Is Claimed for It.** G. C. Dominick.

**Spondylotherapy in Constipation.** Edward Sylvester Smith, Bridgeport, Conn.

**Paper.** Geo. H. Patchen, New York.

Bureau of Hydrotherapy, Franklin F. Massey, Walters Park, Pa., Chairman.

**Heat and Water as Therapeutic Agents.** C. Spencer Kinney, Easton, Pennsylvania.

**The Hygienic Treatment of Congestions and Hemorrhages.** Robert Walter, Walters Park, Pa.

**The Reasons Why Water and Heat Act as Therapeutic Agents for the Cure of Diseased Conditions.** Franklin F. Massey.

**The Indications for and Uses of the Prolonged Bath.** Henry I. Klopp, Rittersville State Hospital, Pa.

## SURGICAL AND GYNECOLOGICAL SOCIETY.

President, Howard R. Chislett, Chicago.
First Vice-President, F. S. Barnard, Los Angeles.
Second Vice-President, J. E. Briggs, Boston.
Secretary-Treasurer, Scott Parsons, St. Louis.

**Sessions:** Room 17, Thursday, 2:30 to 6:00 P. M., and 8:00 to 10:00 P. M.; Friday 10:30 A. M. to 1:00 P. M., and 2:30 to 6:00 P. M.

## ORDER OF BUSINESS.

1. Call to Order.
2. Report of Secretary.
3. Report of Treasurer.
4. Appointment of Board of Censors (3).
5. Unfinished Business.
6. New Business.
7. Report of Board of Censors (Applications).
8. Election of Officers.
9. Settlement of Bills.
10. Adjournment.

Board of Censors may report at the end of each session.

## SCIENTIFIC SESSIONS.

**Cholecystectomy. When Is It Indicated?** Dr. Foote, Omaha, Neb.

**A Suggestion for Operation for Certain Cases of Cancer of the Rectum.** Nathaniel W. Emerson, Boston.

The definite undertaking of a vaginal or abdominal hysterectomy as a preliminary for total extirpation of the rectum for cancer in certain selected cases.

**The Management of Un-united Fractures by Nailing.** William Davis Foster, Kansas City.

Incision over site of fracture. Determination of cause of non-union. Approximation of fragments. Fixation by nailing.

**Dielt's Crisis.** DeWitt G. Wilcox, Boston.

Dielt's Crisis, a signal of kidney distress. Kinking or obstruction caused by loose kidney, leading to hydronephrosis, pyonephrosis, calculi, and kidney destruction. Anchoring. Nephrectomy.

**A Few Interesting Cases of Rectal Cancer.** Orlando R. von Bonnewitz, New York City.

History of five cases of adenocarcinoma of the rectum. Unique feature of five failures at one time. Reason for failures. Need of early diagnosis. When operable.

**Misapplied Therapeutics.** Chas. E. Walton, Cincinnati.

The futility of medicine in purely surgical cases.

**Splanchnoptosis.** H. F. Biggar, Cleveland, Ohio.

Primary factors are embryonic developmental structural defects; traumata; prolonged invalidism, resulting in relaxation of normal visceral ligamentous supports. Skeletal stigmata. Treatment, massage, hygiene and medication.

**Postoperative Treatment of Pus Cases.** Claude A. Burrett, Ann Arbor.

History of cases. Local Treatment. Sir A. E. Wright's contributions of local measures as an aid to internal treatment of sabacute and chronic infections. Internal treatment, including autogenous, stock vaccines and phylacogens. Report of cases.

**The Value of Pyelography in the Diagnosis of Diseases of the Kidney. (Stereoscopically illustrated.)** L. T. Ashcraft, Philadelphia.

Necessity and value of diagnosis of kidney and ureteral lesions. Methods used. Value of gravity and hand injection. Dangers. Technique. Apparatus used. Solutions. Precautions. Pyelograms illustrating pathological lesions.

**Cystoscopy, the Basis of Bladder and Kidney Surgery.** James Krauss, Boston.

Cystoscopy is basic not merely for the diagnosis of surgical lesions in the kidneys and bladder, but also for the correct choice of operations on these organs. Operations. Skiagraphs.

**An Introspective View.** Chas. E. Sawyer, Marion, Ohio.

What homœopathic surgeons are doing. What homœopathic medication means to the homœopathic surgeon. Affiliation of surgeon and internist. Reciprocal support. Importance of internist in surgical cases. Conservatism and judgment. To operate or not to operate, and why.

**The Von Pirquet Test in Surgical Tuberculosis.** Dean T. Smith, Ann Arbor.

Von Pirquet test is valuable in surgical tuberculosis because in practically all cases the pathologist confirmed the diagnosis. The test made on a series of cases was nearly always negative except in cases having local evidence of the disease.

**The Rational Treatment of Fractures.** H. M. Beebe, Ann Arbor.

Anatomic results. Functional results. Involvement of soft parts. Necessity for accurate reduction. Moulded splints. Early massage and motion. Dislocation rare without some fracture. Stiff joints. Conclusions.

**Some Serious Complications in Cases of Pelvic Surgery.** C. B. Kinyon. Ann Arbor.

Cases of malignancy, primarily in pelvis and later involving sigmoid, rectum and lymph nodes. Extra peritoneal fibroids involving ureters and kidneys. Infections in pelvis with serious obstruction or extensive destruction of intestinal canal.

**The Anesthetic Problem.** J. W. Hassler, New York.

Comparisons of different methods of administration and combinations now in vogue.

**Kraurosis Vulvae.** Henry C. Aldrich, Minneapolis, Minn.

**Tumors of the Bladder.** J. Emmons Briggs, Boston.

Diagnosis by symptoms and cystoscope; the necessity for early radical operation usually performed by transperitoneal route. Treatment of the ureters when encroached upon by tumors. Recurrence.

**Ligation of the Middle Meningeal Artery in Apoplexy.** Newman T. B. Nobles, Cleveland.

Cerebral hemorrhage in man aged 60 years. Trepanation. Hemorrhage from middle meningeal artery. Ligation. Recovery.

**Intestinal Stasis.** John M. Lee, Rochester, N. Y.

Symptomatology. Etiology. Gastroptosis. Coloptosis. Obstruction. Lane's Kink. Retroposed and adherent appendix. Jackson membrane. Adhesions. Insufficiency of ileocecal valve. Diagnosis. Prognosis. Treatment.

**Report of Three Years' Surgical Work.** Florence N. Ward, San Francisco.

Resume of gynecological and abdominal surgery in a private sanatorium, showing mortality rate with analysis of immediate and remote results. Technic and comparison of methods. Unusual and interesting cases.

1. **An Improved Technic for the Radical Cure of Inguinal Hernia with especial reference to the Direct Variety (illustrated).**
2. **Full-thickness Skin Flap, Auto-plastic Grafting. Report of Case.** Joseph H. Fobes, New York.

**A Few Surgical Hints in Gynecological Technic.** D. Bushrod James, Philadelphia.

Incision. Pack. Avoidance of unnecessary points of cleavage. Method of ligation of tissue. Method of burying stump. Position of ovary. Use of round ligament. Closure of incision.

**A Case of Heart Massage through the Diaphragm after Apparent Death—Recovery.** James C. Wood, Cleveland.

Abdominal operation. Apparent death from anesthesia. Ordinary means of resuscitation futile. Massage of heart through diaphragm with return of function. Operation completed. Recovery.

**Intestinal Surgery.** Byron E. Miller, Portland, Ore.

Consideration of the surgical relief for intestinal obstruction due to
1st, Inflammatory conditions including bands, kinks, membranes, etc.;
2nd, Benign tumors;
3rd, Malignant tumors.

**The Treatment of Fractures by Methods of Today.** E. Welles Kellogg, New York.

Illustrated with fifty lantern slides showing manipulative, operative and Roentgenographic work.

## AMERICAN HOMŒOPATHIC OPHTHALMOLOGICAL, OTOLOGICAL AND LARYNGOLOGICAL SOCIETY.

President, J. Ivimey Dowling, Albany, N. Y.
First Vice-President, E. J. George, Chicago.
Second Vice-President, J. R. McCleary, Cincinnati.
Secretary, Dean W. Myers, Ann Arbor.
Treasurer, Albert E. Cross, Worcester, Mass.

**Twenty-Seventh Annual Meeting, Hotel Dennis, Atlantic City. Tuesday, June 30, 1914.**

**First Session—10:00 A. M.**

Call to Order.
Adoption of Program.
Appointment of Committees:
(a) Attendance.
(b) Nominations.
(c) The Press.

**President's Address.**

Appointment of Committee on President's Address.

Papers:

**Pneumo-massage in Middle Ear Catarrh.** H. D. Schenck, Brooklyn.
**Some Ear Cases.** E. H. Linnell, Norwich, Conn.
**A Consideration of the Neuroses of the Nose and Throat.** Geo. B. Rice, Boston.

Tuesday, June 30, 1914.

Second Session—2:30 P. M.

Symposium. Burton Haseltine, Chairman.

Modern Management of Syphilis in Relation to the Eye, Ear, Nose and Throat. A. C. Tenney, Chicago.

Discussion:

The Eye. David W. Wells, Boston.

Ear, Nose and Throat. Burton Haseltine, Chicago.

General. R. R. Mellon, Ann Arbor; J. H. Ball, New York; H. S. Willard, Paterson, N. J.

The Sense of Smell and its Perversions—Some Conclusions founded on the Examination of three hundred employes of the Consolidated Gas Company. R. S. Copeland, New York.

Experiences with Silica, Alumina and Platina. Jos. A. Sternberg, Boston.

Tuesday, June 30, 1914.

Third Session—8:00 P. M.

Strabismus—Its Etiology and Treatment from a Scientific Point of View. Edgar J. George, Chicago.

Musculo-Capsular Advancement with Report of Cases. David W. Wells, Boston; Joseph E. Sternberg, Boston.

Subconjunctival Injections of the Yellow Oxide of Mercury in Eye Disease with Report of Cases. H. L. Gowens, Philadelphia.

Some Opacities Treated. E. D. Brooks, Kalamazoo, Mich.

Eye Lotions and Washes. C. A. Harkness, Chicago.

Wednesday, July 1, 1914.

Fourth Session—10:00 A. M.

Conservation of Vision. A. B. Norton, New York.

Glaucoma. F. B. MacMullen, Detroit.

The Surgical Treatment of Glaucoma. Augustus Angell, Hartford, Conn.

Prompt Curretting of Morbid Tissue in Ulceration of the Cornea Occurring during Keratitis. H. W. Champlin, Towanda, Pa.

Discussion. W. B. Kreider, Goshen, Ind.

Paper. Gilbert Palen, Philadelphia.

Wednesday, July 1, 1914.

Afternoon—Deep Sea Sail with the Institute.

Wednesday, July 1, 1914.

Fifth Session—8:00 P. M.

The Use of Heated Ether and Oxygen as an Anesthetic in Ear, Nose and Throat Work. R. Franklin Hill, Philadelphia.

Reports. I. O. Denman, Chairman.

A New Ophthalmotrope. Geo. A. Suffa, Boston.

Treatment of Congenital Amblyopia. Jas. A. Campbell, St. Louis.

A New Form of Tenotomy Involving no Loss of Control and no Displacements. Burton Haseltine, Chicago.

New Conjunctival Incisions. Dean W. Myers, Ann Arbor.

Conservation of the Voice by Treatment following Tonsillectomy. J. R. McCleary, Cincinnati.

Some Points in Diagnosis and Treatment of Catarrhal Deafness. I. O. Denman, Toledo, Ohio.

**Thursday, July 2, 1914.**

**Sixth Session—10:00 A. M.**

Business Session:

1. Report of Officers.
2. Report of Secretary.
3. Report of Treasurer.
4. Report of Necrologist.
5. Report of Censors. Election of New Members.
6. Report of Committees:
   - (a) Election.
   - (b) Attendance.
   - (c) Press.
   - (d) President's Address.
   - (e) Other Special Committees.
7. Unfinished Business.
8. New Business.
9. Election of Officers.

**Thursday, July 2, 1914.**

**Seventh Session—2:30 P. M.**

Observations as to the Effect of Telephone Operating upon the Eyes. LeRoy Thompson, Chicago.

Discussion. C. G. Fellows, Chicago.

Occupational Diseases and Injuries of the Eye and Their Prevention. Wm. M. Hilligas, Philadelphia.

Sympathetic Choroiditis with Pathological Findings. Frank O. Nagle, Philadelphia.

Ear, Nose and Throat. H. W. Hoyt, Rochester, N. Y.

Tonsilitis Complicated with Leukemia. G. J. Alexander, Philadelphia.

**Thursday, July 2, 1914.**

**Eighth Session—8:00 P. M.**

Positions for Skiagraphing the Nasal Accessory Sinuses, with Illustrations. Douglas Macfarlan, Philadelphia.

Ethmoiditis. Irving Townsend, New York.

Discussion. W. E. Reily, Fulton, Mo.

Importance of Sinus Examination in Eye Diseases. Chas. L. Rumsey, Baltimore.

Unfinished Business.

**Friday, July 3, 1914.**

Clinic at Philadelphia.

# Working Rules.

**Selected from the By-Laws.**

This Institute shall hold at least one session each year, at such time and place as may be determined upon from time to time by the Board of Trustees.

The Officers shall enter upon their respective duties September 26 of each year, which date shall be known as Incorporation Day. No one shall be eligible to the office of President until he has been a member at least ten years, or to any other elective office until he has been a member five years.

The Board of Trustees shall have power to perform all the duties provided in Article III of the Constitution, shall arrange the business of the session and such matters as are not otherwise provided for, and perform such duties as by vote of the Institute may devolve upon it. It shall have power temporarily to fill any vacancies occurring among the elective officers.

The time allotted to any committee for the presentation of its report shall not exceed fifteen minutes. No report shall be received from any committee except in writing.

In all discussions no speaker shall be allowed more than five minutes, nor to speak more than once upon the same subject, except by vote of consent taken in the usual manner.

# Announcements.

## BOARD OF TRUSTEES' MEETING, 1914.

The regular semi-annual meeting of the Board of Trustees of the American Institute of Homœopathy is called Monday, June 29, at 2 p. m., in the Trustee Room, at the Chalfonte.

By order of the President.

## INTERNATIONAL HANEMANNIAN ASSOCIATION.

Dr. Frank W. Pateh, Secretary of the I. H. A., presents the following synopsis of program with a cordial invitation to the medical profession.

**The Holmhurst, Atlantic City.**
**June 25-27.**
**D. Franklin Powel, Chester, Pa., President.**

BUREAUX AND CHAIRMEN.

**Philosophy.** Guy B. Stearns, New York City.
**Materia Medica.** R. E. S. Hayes, Waterbury, Conn.
**Clinical Medicine.** T. G. Sloan, South Manchester, Conn.
**Surgery.** J. W. Krichbaum, Upper Montclair, N. J.
**Obstetrics.** V. A. Hoard, Rochester, N. Y.

## AMERICAN MEDICAL EDITORS' ASSOCIATION.

On June 22nd, 9:00 A. M., the above mentioned Association will meet at the Marlborough-Blenheim Hotel, Atlantic City, N. J., under the Presidency of E. A. VanderVeer of Albany, N. Y. An unusually attractive program is being prepared. Among the papers are the following:

**President's Address.** E. A. VanderVeer, Albany, N. Y.

**Relation of the Medical Press to the Cancer Problem.** Frederick L. Hoffman, Statistician of the Prudential Ins. Co., Newark, N. J. (By invitation.)

**The Things that Count in Medical Practice.** H. Edwin Lewis, New York.

**Ideal National Medical Journal: What It Should Be and What It Should Not Be.** W. J. Robinson, New York.

**Two Problems of the Organization Journal: The Mediocre Paper and the Editorial Department.** Sarah M. Hobson, Chicago.

**Medical Journalism as a Local and as a National Proposition.** Thomas S. Blair, Harrisburgh, Pa.

**Medical Books and Journals.** T. D. Crothers, Hartford, Conn.

**The Medical Periodical and the Scientific Society.** F. H. Garrison, Washington, D. C.

**Editorial Experiences.** A. L. Benedict, Buffalo, N. Y.

**The Special Medical Journal.** A. Bassler, New York.

**The Medical Profession and Its Influence from a Buying Standpoint.** Joseph MacDonald, Jr., New York.

**The Preparation of the Original Article and the Editor's Latitude.** E. Franklin Smith, New York.

**He Among You Who Is Without Sin Shall Cast the First Stone.** Erwin Reissmann, Newark, N. J.

[Signed] J. MACDONALD, JR., Secretary.

# LIST OF ATLANTIC CITY HOTELS

Issued by the Publicity Bureau for the annual meeting of the American Institute of Homœopathy, and Allied Associations, June 27th to July 6th, 1914, with schedule of guaranteed daily rates and accommodations.

SPECIAL NOTE Please advise your attenders at this convention and impress upon them the importance of giving these hotels the preference over others not on the list. These hotels assist in defraying the expenses under our contract with them and their rates are guaranteed. Also please notify your attenders to be sure to obtain their Certificates from the hotels when they register, so that they can exchange same at the Registration Bureau for the button admitting to the Pier and sessions of the convention. Attenders not having the Certificate can procure the button upon payment of one dollar.

A--American Plan. E—European Plan

| | ROOMS WITHOUT PRIVATE BATH | | | | ROOMS WITH PRIVATE BATH | | | |
|---|---|---|---|---|---|---|---|---|
| | FOR ONE PERSON | | FOR TWO PERSONS | | FOR ONE PERSON | | FOR TWO PERSONS | |
| ON THE BOARDWALK. | In Single Room | In Double Room | In Double Room | In Extra Large Room | In Single Room | In Double Room | In Double Room | In Extra Large Room |
| A—Rudolf | $ 3.50 | $ 4.00 | $ 7.00 | $ 8.00 | $ 5-6 | ..... | $ 9-10 | $12.00 |
| A--St. Charles | 3.50 | 4.50 | 6.00 | 7-8 | 6.00 | $ 7.00 | 8.00 | 9-10 |
| A--Seaside | 4.00 | ..... | 8.00 | 9.00 | ..... | ..... | 10.00 | 12.00 |
| A—Haddon Hall | 3.50 | 5.00 | 6.00 | 8.00 | 6.00 | 7.00 | 10.00 | 14.00 |
| A--Chalfonte | 3.50 | to 4.50 | 6.00 | 7-8 | ..... | 6.00 | 10.00 | 12.00 |
| A—Alamac | 4.50 | 6.00 | 9.00 | 10-12 | 7.00 | 8.00 | 12.00 | 14.00 |
| E—Alamac | 2.50 | 3.50 | 5.00 | 6.00 | 4.00 | 5.00 | 6.00 | 8.00 |
| A—Brighton | 4.50 | to 7.00 | 9-12 | 12-16 | 7-9 | ..... | 11-14 | 14-18 |
| A Marlborough-Blenheim | 5.00 | 6.00 | 9.00 | 10.00 | 6-7-8 | 8-12 | 10-12 | 16-18 |
| E Marlborough-Blenheim | 3.00 | 4.00 | 5.00 | 6.00 | 4-5-6 | 6-10 | 6-7-8 | 12-14 |
| A Dennis | 4-5 | ..... | 7-8 | ..... | 6.00 | 7-9 | 10-12 | 16.00 |
| A—Shelburne | 5.00 | 6.00 | 10.00 | 12.00 | 7.00 | 8.00 | 12.00 | 15.00 |
| E—Shelburne | 3.00 | 4.00 | 6.00 | 8.00 | 5.00 | 6.00 | 8.00 | 10.00 |
| A—Chelsea | 5.00 | 6.00 | 8.00 | 10.00 | 7.00 | 8.00 | 10.00 | 12.00 |
| PACIFIC AVENUE. | | | | | | | | |
| A—Hall's Cottage | $ 2.00 | $ 2.00 | $ 4.00 | $ 4.00 | ..... | ..... | ..... | ..... |
| E--Hall's Cottage | 1.00 | 2.00 | 2.00 | 2.00 | ..... | ..... | ..... | ..... |

# LIST OF ATLANTIC CITY HOTELS

| | ROOMS WITHOUT PRIVATE BATH | | | | ROOMS WITH PRIVATE BATH | | | |
|---|---|---|---|---|---|---|---|---|
| | FOR ONE PERSON | | FOR TWO PERSONS | | FOR ONE PERSON | | FOR TWO PERSONS | |
| MASSACHUSETTS AVENUE. | In Single Room | In Double Room | In Double Room | In Extra Large Room | In Single Room | In Double Room | In Double Room | In Extra Large Room |
| A—Phillips House | $ 3.00 | $3 .50 | $ 6-7 | $ 8.00 | ..... | $ 5.00 | $ 8.00 | $ 8.00 |
| | 3.50 | 4.00 | 7.50 | ..... | ..... | ..... | ..... | ..... |
| NEW JERSEY AVENUE. | | | | | | | | |
| A Pierrepont | 4.00 | 4.50 | 8.00 | 9.00 | $ 5.00 | 6.00 | 9.00 | 10.00 |
| E—Mrs. Lancken | 2.00 | 2.50 | 3.00 | 3.00 | ..... | ..... | ..... | ..... |
| A Dowling Cottage | 2.00 | 2.50 | 4.00 | ..... | ..... | 4.00 | 6.00 | ... |
| ST. CHARLES PLACE. | 3.00 | ..... | 5.00 | 6.00 | 4.00 | ..... | 7.00 | 8.00 |
| A—Raleigh | | | | | | | | |
| MARYLAND AVENUE. | | | | | | | | |
| A—Goodfellow | 2.00 | 3.00 | 4.00 | 5.00 | .... | 3.00 | 5.00 | ..... |
| VIRGINIA AVENUE | | | | | | | | |
| A—Whittier | 2.50 | to 3.00 | 4-5 | ..... | ..... | ..... | ..... | ..... |
| A—Berkshire Inn | 2.00 | 2.50 | 4.00 | $ 5.00 | 3.00 | 3.50 | 6.00 | 6.00 |
| | 2.50 | 3.00 | 5.00 | 6.00 | 3.50 | 4.00 | 7.00 | 7.00 |
| E—Berkshire Inn | 1-1.50 | ..... | 2-3 | 3.00 | ..... | ..... | ..... | ..... |
| A—Avon Inn | 2.50 | 2.50 | 5.00 | 5.00 | 3.50 | 3.50 | 6.00 | 6.50 |
| E Avon Inn | 1.00 | to 1.50 | 2.50 | 2.50 | 2.50 | 2.50 | 5.00 | 5.00 |
| A—Grand Atlantic | 3.00 | 3.50 | 5.00 | 6-7 | ..... | 5.00 | 8-9 | 9-10 |
| A—Bothwell | 3.00 | ..... | 6.00 | ..... | 5.00 | ... | 9.00 | ..... |
| A Wiltshire | 3.00 | 4.00 | 6.00 | 7.00 | ..... | .... | 8.00 | 10.00 |
| A Sothern | 2.50 | 3.00 | 5.00 | 6.00 | 3.50 | 4.00 | 7.00 | 8.00 |
| A—Morton | 3.00 | 3.50 | 5.00 | 6.00 | .... | ... | 7.00 | 8.00 |
| A—Raymond | . | 2.50 | 4.00 | 5-6 | .... | .... | 7.00 | 8-10 |
| A Absecon | 2.50 | 3.00 | 5.00 | 6.00 | ..... | .... | 7.00 | 7.00 |
| E Absecon | 1.50 | ..... | 2.00 | 3.00 | ..... | ..... | 5.00 | 5.00 |
| A—Albermarle | 2.50 | ..... | 4.00 | ..... | .... | .... | ..... | ..... |

# LIST OF ATLANTIC CITY HOTELS

| | ROOMS WITHOUT PRIVATE BATH | | | | ROOMS WITH PRIVATE BATH | | | |
|---|---|---|---|---|---|---|---|---|
| | FOR ONE PERSON | | FOR TWO PERSONS | | FOR ONE PERSON | | FOR TWO PERSONS | |
| | In Single Room | In Double Room | In Double Room | In Extra Large Room | In Single Room | In Double Room | In Double Room | In Extra Large Room |
| PENNSYLVANIA AVENUE. | | | | | | | | |
| A—Melrose Hall | $ 2.50 | $ 3.00 | $ 5.00 | $ 6.00 | $ 3.00 | $ 3.50 | $ 6.00 | $ 7.00 |
| A—Wynnefield | 2.00 | 2.50 | 4.00 | 5.00 | ..... | ..... | 6.00 | 7.00 |
| E—Wynnefield | 1.00 | 1.50 | 2.00 | 3.00 | ..... | ..... | 4.00 | 5.00 |
| A—New Chatham | 2.50 | 3.00 | 5.00 | 6.00 | ..... | .... | ..... | ..... |
| NORTH CAROLINA AVENUE. | | | | | | | | |
| A—Colonial | 2.50 | 3.00 | 6.00 | 6.00 | 4.00 | 4.00 | 8.00 | 8.00 |
| SOUTH CAROLINA AVENUE. | | | | | | | | |
| A—Dixie | 2.00 | 2.00 | 3.00 | 3.00 | 2.50 | 2.50 | 5.00 | 5.00 |
| E—Dixie | 1.00 | 1.00 | 2.00 | 2.00 | 1.50 | 1.50 | 3.00 | 3.00 |
| A—New Princess | 3.00 | ..... | 5.00 | 6.00 | 5.00 | ..... | 9.00 | ..... |
| A—Radnor | 1.50 | 2.50 | 3.00 | 4.00 | ..... | ..... | ..... | ..... |
| E—Radnor | .75 | 1.50 | 1.50 | 2.00 | ..... | ..... | ..... | ..... |
| TENNESSEE AVENUE. | | | | | | | | |
| E—National | 1.50 | 2.00 | 2-3 | 2.50 | 3.00 | ..... | ..... | ..... |
| A—Kenwood | 2.00 | 2.50 | 3.00 | 4.00 | ..... | ..... | ..... | ..... |
| A—Continental | 2.00 | 2.50 | 4.00 | 4.00 | 3.50 | 4.00 | 6.00 | 7.00 |
| E—Continental | 1.00 | 1.50 | 2.00 | 3.00 | 1.50 | 2.00 | 3.00 | 4.00 |
| A—Fredonia | 2.50 | 3.00 | 4-5 | 5-7 | 3.50 | 4-7 | 5-6 | 6.00 |
| E—Fredonia | 1.50 | 2.00 | 2.00 | 3.00 | 2.50 | 3.00 | ..... | ..... |
| A—Howard | 2.00 | 2.50 | 4.00 | 4.50 | ..... | ..... | ..... | ..... |
| E—Howard | 1.00 | 1.50 | 2.00 | 2.50 | ..... | ..... | ..... | ..... |
| A—Greater Pittsburgh | 2.00 | 2.50 | 3.00 | 4.00 | ..... | ..... | ..... | ..... |
| E—Greater Pittsburgh | 1.25 | 1.50 | 2.00 | 3.00 | ..... | ..... | ..... | ..... |
| A—Beaumont | 2.00 | 2.50 | 3.00 | 4.00 | ..... | ..... | ..... | ..... |
| E—Beaumont | 1.00 | 2.00 | 2.00 | 2.50 | ..... | ..... | ..... | ..... |

# LIST OF ATLANTIC CITY HOTELS

| | ROOMS WITHOUT PRIVATE BATH | | | | ROOMS WITH PRIVATE BATH | | | |
|---|---|---|---|---|---|---|---|---|
| | FOR ONE PERSON | | FOR TWO PERSONS | | FOR ONE PERSON | | FOR TWO PERSONS | |
| ST. JAMES PLACE. | In Single Room | In Double Room | In Double Room | In Extra Large Room | In Single Room | In Double Room | In Double Room | In Extra Large Room |
| A—Sea Crest | $ 2.00 | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| A—Flanders | 2.00 | $ 2.50 | $ 4.00 | $ 5.00 | ..... | ..... | ..... | ..... |
| A—Elwood | 2.00 | 2.50 | 4.00 | 5.00 | ..... | $ 3.50 | $ 5.00 | $ 6.00 |
| E—Elwood | 1.00 | 1.50 | 2.00 | 3.00 | ..... | 2.00 | 3.00 | 4.00 |
| A—Devonshire | 2.50 | to 3.00 | 4-5-6 | ..... | ..... | ..... | 6.00 | ..... |
| NEW YORK AVENUE. | | | | | | | | |
| A—Victoria | 2.00 | 3.00 | 4.00 | 4.00 | ..... | ..... | ..... | ..... |
| E—Victoria | 1.00 | 1.00 | 2.00 | 2.00 | ..... | ..... | ..... | ..... |
| A—Netherland | 2.00 | 2.50 | 4.00 | 4.00 | $ 3.50 | ..... | 6.00 | ..... |
| A—Bellville | 1.50 | to 3.00 | 3-4-5 | 1 5 6 | ..... | ..... | ..... | ..... |
| E—Bellville | 1.00 | 1.50 | 2.00 | 3.00 | ..... | ..... | ..... | ..... |
| A New Hygeia | 1.50 | 1.75 | 2.75 | 3.00 | ..... | ..... | ..... | ..... |
| E New Hygeia | .75 | 1.00 | 1.50 | 1.75 | ..... | ..... | ..... | ..... |
| KENTUCKY AVENUE. | | | | | | | | |
| E Barnay's | 3.00 | 5.00 | 5.00 | 7.00 | 4.00 | 7.00 | 6.00 | 8.00 |
| A New Clarion | 2.00 | 2.50 | 4.00 | 5.00 | 3.00 | 3.50 | 5.00 | ..... |
| | 3.00 | 3.50 | 5.00 | 6.00 | 3 50 | 4.50 | 6 00 | ..... |
| E New Clarion | 1.00 | 1.50 | 2.00 | 3.00 | ..... | ..... | ..... | ..... |
| A—Frontenac | 2.50 | 2.50 | 4 00 | 5.00 | ..... | ..... | ..... | ..... |
| A Monticello | 2.50 | 3.00 | 4.00 | 5.00 | 4.00 | 5.00 | 6.00 | 7.00 |
| E Monticello | 1.50 | 2.00 | 2.00 | 3.00 | 2.50 | 3.50 | 3 50 | 5.00 |
| A Westminster | 2.00 | 2 50 | 4.00 | 5.00 | 3.00 | 4.00 | 5.00 | 6.00 |
| E Westminster | 1.00 | 1.50 | 2.00 | 3.00 | 2.00 | 2.50 | 3 00 | 4.00 |
| A Silverton | 1.50 | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| | 2.00 | 2.50 | 3.00 | 4 00 | ..... | ..... | ..... | ..... |

# LIST OF ATLANTIC CITY HOTELS

| | ROOMS WITHOUT PRIVATE BATH | | | | ROOMS WITH PRIVATE BATH | | | |
|---|---|---|---|---|---|---|---|---|
| | FOR ONE PERSON | | FOR TWO PERSONS | | FOR ONE PERSON | | FOR TWO PERSONS | |
| ILLINOIS AVENUE. | In Single Room | In Double Room | In Double Room | In Extra Large Room | In Single Room | In Double Room | In Double Room | In Extra Large Room |
| A- Craig Hall | $ 2.50 | $ 3.00 | $ 5.00 | $ 6.00 | $ 3.50 | $ 4.00 | $ 6.00 | $ 7.00 |
| PARK PLACE. | | | | | | | | |
| A Glaslyn-Chatham | 2.50 | 3.00 | 5.00 | ..... | ..... | ..... | 8.00 | ..... |
| MICHIGAN AVENUE. | | | | | | | | |
| A—Pennhurst | 2.00 | 3.00 | 5.00 | 6.00 | ..... | 4-5 | 7.00 | 8.00 |
| A—Arlington | 2.50 | 3.00 | 4.00 | 5.00 | ..... | 5.00 | 7.00 | 8.00 |
| A—Edison | 2.00 | 2.50 | 3.50 | 4.00 | 2.50 | 3.00 | 5.00 | 5.50 |
| E—Edison | 1.00 | 1.50 | 2.00 | 2.50 | 1.50 | 2.00 | 3.00 | 3.50 |
| ARKANSAS AVENUE. | | | | | | | | |
| | 1.25 | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| A—Emmett | 1.50 | 2.00 | 2.50 | 3.00 | ..... | ..... | ..... | ..... |
| | .50 | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| E—Emmett | .75 | 1.00 | 1.00 | 1.50 | ..... | ..... | ..... | ..... |
| GEORGIA AVENUE. | | | | | | | | |
| A—Miller Cottage | 2.00 | ..... | 3.00 | ..... | ..... | ..... | ..... | ..... |

## List of Additional Hotel Rates Issued by the Publicity Bureau for American Institute of Homoeopathy, May 17, 1914. June 27 to July 6, 1914

A—American Plan. E—European Plan.

| | ROOMS WITHOUT PRIVATE BATH | | | | ROOMS WITH PRIVATE BATH | | | |
|---|---|---|---|---|---|---|---|---|
| | FOR ONE PERSON | | FOR TWO PERSONS | | FOR ONE PERSON | | FOR TWO PERSONS | |
| PACIFIC AVENUE. | In Single Room | In Double Room | In Double Room | In Extra Large Room | In Single Room | In Double Room | In Double Room | In Extra Large Room |
| A—McGinley | $ 2.00 | $ 3.00 | $ 3.00 | $ 4.00 | | | | |
| E—McGinley | 1.00 | 2.00 | 2.00 | 3.00 | | | | |
| ORIENTAL AVENUE. | | | | | | | | |
| A—Touraine | 2.50 | 3.00 | 5.00 | | $ 4.00 | $ 5.00 | $ 7.00 | $ 8.00 |
| MASSACHUSETTS AVENUE | | | | | | | | |
| A—Bailey | 2.00 | | 3.50 | | 3.00 | | 5.00 | |
| MARYLAND AVENUE. | | | | | | | | |
| A—Halcyon Hall | 2.00 | 2.50 | 4.00 | 5.00 | | | | |
| E—Halcyon Hall | 1.00 | 1.50 | 2.00 | 3.00 | | | | |
| A—Lamborn | 2.50 | 3.50 | 5.00 | | 4.00 | | 8.00 | |
| VIRGINIA AVENUE. | | | | | | | | |
| A—Wagner | 2.50 | 3.00 | 5.00 | | 3.00 | 3.50 | 6.00 | |
| A—Rita Hall | 2.00 | 2.50 | 4.00 | 5.00 | | | | |
| E—Rita Hall | 1.00 | 1.50 | 2.00 | 3.00 | | 5.00 | 8.00 | 10.00 |
| A—Calvert | 2.00 | 2.50 | 4.00 | 5.00 | | 2.00 | 6.00 | 8.00 |
| E—Calvert | 1.00 | 1.50 | 2.00 | 3.00 | | | | |
| A—Wright's Cottage | 2.50 | 3.50 | 4.50 | 5.00 | | | | |
| E—Wright's Cottage | 1.50 | 2.50 | 3.00 | 5.00 | | | | |
| PENNSYLVANIA AVENUE. | | | | | | | | |
| A—Stevenson | | | 5.00 | | | | | |

## List of Additional Hotel Rates Issued by the Publicity Bureau for American Institute of Homoeopathy, May 17, 1914 June 27 to July 6, 1914

| | ROOMS WITHOUT PRIVATE BATH | | | | ROOMS WITH PRIVATE BATH | | | |
|---|---|---|---|---|---|---|---|---|
| | FOR ONE PERSON | | FOR TWO PERSONS | | FOR ONE PERSON | | FOR TWO PERSONS | |
| | In Single Room | In Double Room | In Double Room | In Extra Large Room | In Single Room | In Double Room | In Double Room | In Extra Large Room |
| SOUTH CAROLINA AVE. | | | | | | | | |
| A—Silverside | $ 3.00 | $ 3.50 | $ 5.00 | $ 6.00 | ..... | ..... | ..... | ..... |
| E—Silverside | 2.00 | 3.00 | 3.00 | 4.00 | ..... | ..... | ..... | ..... |
| A—Iroquois | 3.00 | 4.00 | 5.00 | 6.00 | $ 5.00 | $ 6.00 | $ 7.00 | $ 8.00 |
| E—Iroquois | 1.50 | 2.00 | 2.00 | 3.00 | 3.00 | 4.00 | 5.00 | 6.00 |
| E- 805 Santa Rita Apartments | ..... | 1.50 | 2.00 | 2.50 | ..... | ..... | ..... | ..... |
| OCEAN AVENUE. | | | | | | | | |
| A—Bon Air | 2.00 | ..... | 4.00 | ..... | ..... | ..... | ..... | ..... |
| TENNESSEE AVENUE. | | | | | | | | |
| A—Elberon | 1.50 | 2.50 | 4.00 | 5.00 | 3.50 | ..... | 6.00 | 7.00 |
| E—Elberon | 1.00 | 1.50 | 2.00 | 2.50 | ..... | ..... | ..... | ..... |
| A—Louvan | 2.00 | 2.50 | 4.00 | ..... | ..... | ..... | ..... | ..... |
| E—Louvan | 1.00 | 1.50 | 2.00 | ..... | ..... | ..... | ..... | ..... |
| A—Tracy | 2.00 | 3.00 | 4.00 | ..... | ..... | ..... | ..... | ..... |
| E—Tracy | 1.00 | 1.50 | 2.00 | 2.50 | ..... | ..... | ..... | ..... |
| ST. JAMES PLACE. | | | | | | | | |
| A- St. James | 2.00 | 2.50 | 3.50 | 4.00 | ..... | ..... | ..... | ..... |
| E—St. James | 1.00 | 1.50 | 2.00 | 3.00 | ..... | ..... | ..... | ..... |
| NEW YORK AVENUE. | | | | | | | | |
| A—Pitney | 2.00 | 2.50 | 4.00 | 4.50 | ..... | ..... | ..... | ..... |
| E—Pitney | 1.00 | ..... | 2.00 | 2.50 | ..... | ..... | ..... | ..... |
| KENTUCKY AVENUE. | | | | | | | | |
| A—Wellsboro | 2.50 | 3.00 | 4.00 | 5.00 | 3.50 | 4.00 | 6.00 | 7.00 |
| E—Wellsboro | 1.00 | 1.50 | 2.00 | 2.50 | 2.00 | 2.50 | 3.00 | 3.50 |
| MICHIGAN AVENUE. | | | | | | | | |
| A—Francis | 1.50 | 2.00 | 3.00 | 4.00 | 3.50 | 4.00 | 5.00 | 5.50 |
| E—Francis | .75 | 1.00 | 1.50 | 2.00 | ..... | 3.00 | 4.00 | 4.50 |

# Minutes of the College Alliance.

**Congress Hotel, Chicago, Feb. 24, 1914.**

President R. S. Copeland of New York in the Chair.

**Colleges Represented and their Delegates.**

Hahnemann Medical College, Philadelphia, Dr. J. J. Tuller.

Cleveland-Pulte Medical College, Dr. Lester E. Sieman, Vice-Dean; Dr. Charles L. Moore, Secretary.

Hahnemann Medical College of Chicago, Dr. J. P. Cobb, Dean; Dr. W. Henry Wilson, Dr. T. E. Costain, Dr. Burton Haseltine, Dr. Gilbert FitzPatrick.

New York Homœopathic Medical College, Dr. R. S. Copeland, Dean.

New York Homœopathic Medical College for Women, Dr. Emily C. Charles, Dean.

Boston University Medical School, Dr. DeWitt G. Wilcox.

University of Michigan Homœopathic Medical College, Dr. W. B. Hinsdale, Dean; Dr. W. A. Dewey, Secretary; Dr. C. A. Burrett, Registrar.

Iowa State University Homœopathic Medical College, Dr. G. Royal Dean; Dr. F. C. Titzell.

Kansas City Homœopathic Medical College, Dr. M. T. Runnels, Dean; Dr. Wm. E. Cramer.

Hahnemann Pacific Medical College, no delegate.

Reported by Claude A. Burrett, Secretary-Treasurer.

Dr. Junkerman of Columbus, Ohio, member of the Joint Homœopathic Eclectic Committee, was present.

The report of the Secretary-Treasurer was read and after the following corrections was approved. Dr. C. A. Burrett was elected treasurer at the Denver meeting in the place of Dr. White, resigned. Dr. R. S. Copeland read the letter of invitation which had been sent to the deans of the Homœopathic Colleges of the United States. Dr. Costain, President of the Chicago Homœopathic Medical Society, extended an invitation to the delegates attending the College Alliance to be the guests of the Chicago Society at a dinner to be held at the Hotel Sherman the evening of Feb. 24th.

Pres. Copeland called for and received the following report from the representatives of the colleges present.

Dr. Runnels, Dean of the Kansas City Hahnemann Medical College, reported that his college was in great need of a new building and that the life of the institution depended upon the success of their enterprise of raising $50,000; he further stated the important location of Kansas City in the rapidly developing Southwest and made a strong plea for homœopathy in that section.

Dr. George Royal, Dean of the Homœopathic Medical College of Iowa State University, reported that his college had taken on new life since the enactment of the new law giving his College five professorships. He stated that the six year compulsory course was

making it very hard for them to make progress and he reported the hospital in a prosperous condition, and expressed their great need for more room.

Dr. Moore, Secretary of the Cleveland-Pulte Medical College, reported that the Cleveland College was to become a department of the Ohio State University. The trustees of the Cleveland-Pulte College were about to donate their holdings to the State University providing such money should be used for the perpetuation of homœopathy in the State University.

Dr. Wilson, Professor of Pathology in the Hahnemann Medical College of Chicago, reported that Hahnemann is in better condition at the present time than it has been during its history. The creation of the living endowment fund has been of great value. The trustees of the Chicago college have taken great interest in increasing the endowment for the maintenance of the college.

Dr. Emily Charles, Dean of the New York Homœopathic College for Women, reported that the New York college is one of four colleges for women in the world, and the only homœopathic college open to women exclusively. She stated that the great need of the college is endowment. She reported that had it not been for the increased requirements in New York her freshman class would have been double for the present year.

Dr. DeWitt Wilcox, President of the American Institute and Professor of Surgery in Boston University Medical School, stated that the Boston college had never been in such excellent condition as at the present time. The present freshman class is the largest since 1908. The college is looked upon as one of the strongest departments of the Boston University. During the past year $100,000 has been raised for endowment. Plans are being laid for a million dollar endowment.

Dr. W. B. Hinsdale, Dean of the Homœopathic Medical college of the University of Michigan, reported for his college. He stated that despite the advanced requirements of 30 hours beyond high school, the freshman class the present year is double that of the year before. He stated that a new professorship had been granted for the present year, and an assistant professorship had been voted for the coming year. The college was reported as never being in better condition than at the present time.

Dr. Junkerman of Columbus, Ohio, Dr. Aldrich of Minneapolis and Dr. Dewey of Ann Arbor reported on homœopathic conditions in the cities of their residence.

Dr. Tuller of Hahnemann Medical College of Philadelphia reported for his school. He stated that Hahnemann of Philadelphia is in a very prosperous condition and that they are requiring a premedical year besides the high school graduation for entrance.

Dr. R. S. Copeland, Dean of the New York Homœopathic Medical College, reported that a new hospital pavilion of the Flower Hospital, which is the beginning of the complete rebuilding of Flower Hospital of the New York Homœopathic Medical College, had been opened for

patients. This new building contains also the administrators' offices. The New York college has more students than it has ever had in its history. Extensive plans are being made for large endowment for the college.

On motion of Dr. W. B. Hinsdale it was voted to continue the meeting of the College Alliance in Room 6, Floor A, of the Congress Hotel, at 10:00 a. m. on Feb. 24, 1914.

On the evening of Feb. 24th, a banquet was tendered to the College Alliance by the Chicago Homœopathic Society.

Dr. Costain, President of the Society and toastmaster of the evening, called upon the following men for addresses: Dr. DeWitt Wilcox, Dr. Copeland, Dr. J. P. Cobb, Dr. George Royal, Dr. Sarah Hobson, Dr. N. M. Serkoff, Dr. Edwin Tuller, Dr. W. B. Hinsdale and Mr. Smith, who addressed the society in the interest of the proposed business management of the American Institute of Homœopathy.

**Wednesday, Feb. 25th, 1914, Congress Hotel, Room 6, Floor A.**

President Copeland in the chair.

Moved by Dr. Tuller that it be the sense of the College Alliance that every homœopathic college in the United States have as a minimum requirement for the entrance to its freshman class one premedical year work after high school graduation, which should include courses in biology, physics and chemistry, and, further, that following the present four year college course a hospital interneship year be added before conferring the degree of Doctor of Medicine. Second to the motion was made by Dr. George Royal and the following discussion followed:

Dr. Royal: I am in favor of this resolution of a hospital year for several reasons, because by its adoption we can satisfy the demand of the people, a demand which has been created by the public press, that the graduates of our colleges should have some practical knowledge of the profession in which they are about to enter. The people have been taught that the hospital is the place to acquire skill in the art of medicine. As a graduate I felt very keenly the fact that I had come in touch with very few sick people. For my son I insisted that he have that which I had missed because he could do better for himself, and more because he could better serve the people who employed him. I am in favor of the resolution because there is no doubt but that if it is put into effect it will draw a better class of students to our colleges. Then if we have homœopathic clinical facilities offered them, they will be better homœopathic physicians for that experience.

And, finally, I am in favor of this resolution because by so doing, we of the homœopathic profession, will keep up our prestige in being leaders. We were the first to require three years, we were the first to require four years, we were the first to demand that our year be of nine months instead of seven or even six; now we can say that we have gone on record and have introduced a hospital year as a necessity for a complete medical education.

Now, for the premedical year: There is no doubt whatever that the statement which was made last night that the practice of medicine is founded upon the science of chemistry, physiology, pathology and anatomy. I am not a stickler as to where these branches, namely, chemistry, biology and physics, be taught, but I believe that a student's time can be saved and put to a much better advantage if he is fairly well grounded in chemistry, physics and biology before he begins his work in anatomy and physiology. In our college, the University of Iowa, we find that the students who have a fair knowledge of physics and biology can understand the principles of homœopathy, which I teach in the first year, better than those who have not had this drill.

Dr. C. A. Burrett: What I have to say is going to be with reference to the premedical year. Dr. Royal has discovered very well the feeling with reference to the hospital year. I would only say this, that I believe that it is the opinion of most medical educators that a hospital year, if it should be required, is at least extremely valuable to the man who proposes to practice medicine.

With reference to the premedical year it is very hard to say that every student shall have spent one year in a college after he has graduated from high school before he begins the study of medicine. In the opinion of many, the boy of seventeen just graduated from the high school is too immature in years and judgment to begin the study of medicine. Were that boy two years or even one year older he would be far better fitted for medical study. There are plenty of educators who believe that at least the better of our high schools in the very near future are going to be able to give at least the first year of what is generally understood to be college work at the present time, so we should go on record as saying just exactly what we mean. It is believed by many that one or two years can be spared in the grades so that the present high school course can be completed on an average of two years earlier, and then if those years can be continued for the studies of what is now done in the first two years of college we shall then have the old high school age limit, but with better prepared freshmen for medical study.

I think that a student in order to appreciate the study of anatomy, physiology, chemistry and bacteriology, must have had some sort of a preparation in the science of chemistry, biology and physics. While I am not in favor necessarily of going on record as saying that a man must do a certain amount of work in a college, he should have the elements of the studies outlined. But other classes of students offer themselves, those who come to us with an A. B. degree, as for example, last year a man had had the first course in biology but had not studied physics; that man, according to law, as is understood by many of the States, could not begin the study of medicine without taking more preparatory work. I think we should have a law that would take care of such men. One of our freshmen was a graduate of Bethel College, another was a graduate of Wabash College. Both of these men had A. B. degrees, yet neither could comply with the

one year rule as laid down by many State Boards. An A. B. degree should satisfy the law as to entrance requirements for medical study. It should be possible to fully prepare for the study of medicine in the better of our high schools. It is the belief of your speaker that a properly managed course in Latin makes the scientific medical nomenclature of more value to the average medical student than the kind of preparation now offered in the modern languages of French and German. I find the average medical student does not know how to use the Latin he has studied but which would be of great value to him in the derivation and meaning of words in the study of anatomy, physiology and the other courses of the first years. The present requirements in French and German do not prepare the student to use those languages in any practical way.

Dr. Tuller: Rather explanatory then argumentative, the State of Pennsylvania requires by law the premedical year, and before a graduate or before a student can obtain a license of the State of Pennsylvania, it will be necessary that he give a year in the hospital, shall have the facilities to give a man a complete clinical knowledge as far as it is possible to obtain it in the institution. I want to say in regard to the preliminary year that the general educators have gone on and established courses regardless of the demands of the medical profession. They have taught what they have deemed wise in biology, without regard to the possible entrance into a medical school, and it strikes me at the present time that they have thrown the whole brunt of this thing on the medical profession. We have every necessary equipment for the teaching of the chemical course, for the teaching of the biological course and undoubtedly the course in physics therefore is not a hardship. You have these universities any way, and it does not become a hardship and this is granted by the Bureau of the Board for the State of Pennsylvania. We have in the State of Pennsylvania a law which creates a Bureau of Professional Education which is a subdepartment of the public instruction of the State, and it is the duty of this Bureau to outline the requirements for this course of inspection and pass upon the equipment for its teaching. It is this Bureau that grants the permission to a student to enter the medical course.

Dr. Copeland: I want to speak for and against the motion. This method seems to prevail in all the meetings I have attended during the last few days; every question is straddled. On one thing only are we agreed: we come on to Chicago every year to see what new burdens can be imposed on the medical student.

The main argument produced this morning in favor of the resolution is, that we should adopt it so that we shall be commended by the public press and the American Medical Association and other bodies. We have also heard about the precedent we have established, that the homeopathic colleges inaugurated the three year medical course and the four year medical course. Now we must have the six year medical course, or else be accused of having lost the virtue we

formerly possessed. All of these things, I feel, have nothing to do with the question.

The theory of the premedical course is that it gives us better students. We can't get away from experience and observation. I have been a medical teacher twenty years and have had during that time some opportunity to observe medical students. While it is tremendously improper to say such a thing in this day of advanced education, yet the fact remains that generally speaking the student who has had four years in a literary college and then two years of additional work to get a master's or doctor's degree, has passed the age of elasticity and adaptability. Sometimes I am sorry to say he has become little short of a wooden man; perhaps this is the fault of his birth and not the result of his education. I suppose the poorest sort of evidence from a doctor's standpoint is to cite a single case as proof of a given theory. However, I cannot resist saying that last year, out of a class of 45 men who graduated from the New York College, the two honor men in the class were, first a graduate of Brown University, and then a man who came to us from a high school in Brooklyn, without a day of college training. Of course, that does not prove anything; it is merely "clinical experience." Nevertheless, it has some value, and when you see that year after year one naturally forms a conviction. The conviction I have reached is, that a man's career in medicine in no sense depends upon the quality or quantity of instruction he had before he entered medical college.

I have taken pains to inquire from our professors in chemistry, histology, pathology and the biological branches, what value they place upon the ordinary instruction in chemistry and biology which the students receive in the ordinary high school. Our professors say that instead of teaching the student something, such courses frequently give the student something which must be unlearned.

I listened yesterday to the splendid address of President Mann of Chicago University on the subject of physics. His statements are practically in line with my own observation. The testimony I have gathered from men in whom I have confifidence, for instance, the testimony from the engineering colleges, as well as colleges of medicine, is to the effect that these organizations are demanding of the secondary schools that their instruction shall be improved in the line of chemistry, biology and physiology.

When we come to the premedical year, it is only a make-shift. The only reason in the world why we instituted in the New York College an optional premedical year was in order that we might avoid the criticism of the medical press and of the American Medical Association. I must say, though, that the courses we give in chemistry, physics and biology are certainly as good, and in my opinion, no better than the courses given in the ordinary high schools. It is a work of supererogation, however, because the New York law now demands preliminary credit in these subjects. I doubt if our premedical year will be continued.

Last year, in one of the many bodies meeting in this city, we had a very able address by the gentleman who conducts the examinations in England for medical licensure. He gave us many statistics to show the average age of graduation in different countries. In Germany, as I recall it, the age is 24 and in England 25, while in the United States it is 29 years and a fraction. Even with the training I possess I can figure out that the average age in the United States would be 31 on the increased requirements, premedical and post-medical, proposed here to-day.

I approach the phase of the subject which Professor Pritchard and Dr. Colwell sweep aside as unworthy of mention in polite society; I refer to what is called the "poor boy argument." Now, my friends, this is the time for the Fourth of July business. I came up from the common people myself, and in these twenty years that I have spent in a medical faculty, and practically all of these years in an administrative capacity, I have come in contact with the poor boy's parents. I have known something of the sacrifices that the poor boy's parents have made to send this boy to school. It may be unworthy to talk about the poor boy, but if medicine has ascended to so lofty a position that only the wealthy man's son may study it, I am going to quit. I think it is safe to say that at the present time at least 50 per cent of the men who are in the New York Homœopathic College are earning their own way through college. If I were associated with an old school institution, or were a practitioner of medicine in the old school, I would be in favor of lessening the output. We are the representatives of a school of practice which not only utterly fails to increase its number of practitioners, but also neglects to replace the losses in the ranks due to deaths, etc. Last year the Homœopathic Colleges of the country graduated 195 physicians; they conferred 195 degrees. The deaths in this country among homœopathic doctors numbered 165 and those who joined the American Medical Association would certainly more than make up the other thirty.

The college which I temporarily represent numbers one-third of all the homœopathic students in this country. If you were to pass and insist upon the observance of this rule the number of homœopathic students in our college would naturally decrease; I have no reason to doubt that a very large number would be prohibited from beginning the study of medicine. That may not be a calamity. It may be it is all right to reduce the number of practitioners, but I tell you it is my opinion that the mental and physical prosperity of every individual physician here depends upon the prevention of any material decline in the number of homœopathic graduates. That is particularly true in New York where the population is transient. The residents of New York and of every other city come from Cincinnati, Cleveland, Detroit and Ann Arbor, people who go to the city to live. I have a letter every week, as I have no doubt Dr. Charles has, telling of a patient who is coming to New York to live. The prosperity of the practitioners in

New York depends upon there being homœopathic patients everywhere in the country.

Now I am coming to a more worthy argument and it is this: I went to New York six years ago and Hinsdale told me one could not hitch up an elephant, a giraffe, a kangaroo, etc., and make a team. To satisfy and please the profession, however, was not the main job. I was not so much interested in the team as I was in the men who kept the wagon supplied. In other words I was not so much interested in the profession as I was in the Board of Trustees. The attitude of the profession was not so important as that of the Board of Trustees. I asked them to give their hearty support and co-operation, and they, thank heaven, did that and are doing it now. The Board of Trustees had become very much discouraged. They were discouraged because they have no way of measuring the success or failure of any given year except by the results, and to them the results were simply the number of students in the College. They pointed to the fact that in 1881 the College had 157 students; that was high water mark, from that time it declined until six years ago there were 87 students. The Trustees said we don't understand that, it must be there is not any demand for homœopathy. The number of students in college is naturally of great interest to the average Board of Trustees. There may be professional men enough or college men enough on Boards of Trustees so they have ideas of high standards and appreciate that we must graduate quality, and not quantity, but most Boards of Trustees are made up of business men. The thing that counts with business men is the question of whether "orders" are coming in or not. If we had failed in New York in the past five years to numerically build up the College, there would not be that hearty support of the Board of Trustees that we are having. We cannot afford to have a serious decline in numbers. You people associated with State Universities, and having back of you the wealth and resources of the people, can be more independent. We must have the quantity, provided, of course, that we make the most of our student body and turn out a decent quality of students.

Two years ago at one of the meetings here, I was asked to read a paper on some college subject. In that address I made a statement which I repeat now: "Before we add another year to the present four years' course, let us examine the curriculum and see if it is not crowded with a lot of worthless stuff. In my opinion, medical education has suffered because of the rapid growth in the number and importance of the specialties. What a rapidly developing science is medicine! In the evolution we have added countless hours to the schedule. When we made a review of our curriculum two years ago, we found that the senior student had 60 hours in electrotherapeutics, 60 hours in dermatology, 60 hours in ophthalmology, 60 hours in otology, 60 hours in rhinology, etc. We were trying to make a composite specialist instead of the old-fashioned, all-round, general practitioner."

I do not dare risk your patience and forbearance further, but I want to say so far as I am concerned, as administrator of one college, I will not at present recommend to my Faculty or Trustees the addition of a premedical year. I want to see homœopathy prosper in this country and instead I see it rapidly declining, largely because we have not any men to send out into the world. I am not going to be a party to this calamity. We need practitioners of homœopathy and to get them we must have students in our colleges. I am sorry that some of my reasons may seem to be unworthy ones but I have learned that expediency is often necessary. It may be the recourse of the weak man, but nevertheless the problem is too serious to be quickly settled.

All of us who have experience in hospitals realize how difficult it is to get internes. This matter is an important thing to every hospital. We have in New York the largest general hospital in the United States, the Metropolitan Hospital. The late Commissioner of Charities was a patient and personal friend of mine. He used to talk very seriously about the Metropolitan Hospital, saying "I don't know what we are going to do with you fellows up there; you don't graduare enough men. You don't get internes enough to supply us. If you can't supply them we have got to get them from the old school." It is true that our hospitals are suffering from want of internes.

I favor the proposed addition of the hospital year. It will make better doctors of our graduates. It will materially improve the quality of the work done in the hospitals. Therefore, I am in favor of the interne year, but at present am opposed to the preliminary year.

Dr. Charles: As the resolution is given, I think we lose sight of the individuality of the graduate in medicine and might not the resolution be so worded that the word "interneship" or the word "hospital" be substituted? Might not the fifth year be an obligated year before general practice is taken up, but that the fifth year be devoted by the graduate along the lines of selection? Might not one or two in my school spend that fifth year in an ophthalmic hospital, because the work of such would be individual and special work? Might not my graduates wish to take up surgery and spend the fifth year with Dr. S. or whoever they might prefer? We cannot cut out our specialties. We are obliged to have them. In New York we can curtail our course only so far as the regents will allow.

Dr. Royal: I honestly believe that this arrangement, the carrying out of this, is going to reduce the age of the average graduate. He is going to begin younger. If a man goes in at eighteen and then spends six years he is twenty four. There is no use of denying the fact that Iowa, Pennsylvania, etc., are raising the requirements Now then we have no power except suggestive power to prevent it and if we can come in here and tell Prof. Judson, Prof. Lowell, etc., to cut down their high school to three years, we are going to lessen a year. In the State of Iowa we have this requirement by the Board of Examiners. First, a high school education; second, two premedical years, which I have specified. Four years afterwards or six years

added to his eighteen is the very least that we add. I propose in this that we get a course in our own college so that we can shorten the high school one year. I believe if we go to work with our licensing board to carry this out, we are going to shorten at least one year.

Dr. Copeland: My contention is that we can take these four years that we now have and take this student that comes to us; he must have physics, chemistry, biology and the modern language; say he comes to us from a defective high school. My contention is that in view of the entrance requirements which we now require in New York by reason of the law we see no necessity of having a premedical year covering physics, chemistry, biology, and the modern languages, because we already have it. We want these four years revised and we will guarantee if we have time enough to make a good effect in those four years, and we don't want to be embarrassed by adding a fifth year, as it would certainly reduce the number of students.

Dr. Tuller: I know no stronger argument in favor of the preliminary year as a compulsory measure in biology, physics and chemistry than the argument that Dr. Copeland has advanced. I want to say that from the standpoint of the poor boy there is not any question that this advancement will work a hardship for the present at least, until we have a different arrangement of things and that arrangement must necessarily come out of the demand on the part of the poor boy for the privilege of a medical education. But I feel that if every homœopathic institution in the country took the stand that Dr. Copeland takes, that we would be ruled out of the privilege and then where would the institution be? There is not any question on that ground; it would only be a matter of time until our institution would be deprived of the privilege of State license and we would be in a worse position than we are today.

In regard to the interneship and the matters of inspection, I simply want to say that this inspection does not ultimately mean the centralization power. The question came up as to how far the State inspection could go and how far it would be incorporated into the law. I happened to block the progress of that law, and when that law began to stipulate that certain things should exist in the hospitals under the inspection and control of a bureau of medical educators, I refused to permit that law to become effective until the whole matter was changed and it was taken out of their control absolutely. I simply want to sound a warning that this law must be carefully looked into because you might have gathered that I was opposed to everything you were saying. I am convinced of one thing and that is this, that much you have had to say did not have very much to do with the point we were discussing. You say that in 1881, New York College reached its high water mark with reference to the number of students and it began to go down from that point on.

I have no objections to your arranging your college curriculum in such a way, but you say that the High School does not give scientific courses that are worthy of the name thereof—they must either

get it from you in New York or some other place, but it must be done. What I do object to is having a man come to take four years' course, not knowing anything of the three sciences, and be obliged to complete a medical course in four years. I don't object to his learning chemistry in the New York College. You say you found your curriculum crowded up with all the specialties. The curriculum is not filled up for the benefit of the student, the doctor fills it up because he wants to teach that himself. The medical school at the present time specifies the study of medicine. Men have given their time without compensation and all they have gotten out of it is their reputation and the opportunity to build up a private practice or name. Now we have come to a time that we have got to do just as you did in New York; to give a course which fits a man to study medicine, not because we want necessarily to do it but because we have to do it.

Dr. Scudder: When Dr. Caldwell and Dr. Bevan allowed that the study of physics, chemistry, and biology was a straddle, when the State of Pennsylvania allows teaching of chemistry to be done in a medical college, that is a straddle. And I am prepared to say, as a university graduate, having gone through this work, that I don't believe a medical college can teach it as well as a literary college or university. In the first place a department of physics is a very expensive thing to establish. You need a separate instructor, he will simply add to your list of instructors. When a medical college tries to teach it it is a mixture; at the same time I say to you, protect yourselves to the extent of doing as much as you can. I contend that it is practical for Dr. Copeland's institution at the present time to insist upon a premedical year. I admit that the teaching of physics and the teaching of biology is more or less of a farce, but in certain high schools it is done. In the State of Ohio this matter has not gotten to the point of law yet, but every college is required to teach these subjects.

On motion of Dr. Copeland, seconded by Dr. Royal, action upon a motion for a premedical year, etc., was deferred for one year and in the meantime instruction given the Secretary that the colleges be notified of the action taken by the College Alliance. Motion carried.

The resolution by Dr. W. B. Hinsdale, seconded by Dr. Runnels as follows: It is recommended that Governors, or those having appointive power, designate no man for Medical Examining or Licensing Boards who cannot comply with the laws and rules which he is to administer at the time of his appointment. After discussion by Dr. Sieman, the resolution was carried.

On motion of Dr. Hinsdale it was moved recognition be given to Dr. Serkoff by a suitable letter from the College Alliance, which he may take with him to the Russian homœopathic profession. The motion was carried by a rising vote. Meeting adjourned to 2:30 p. m.

Meeting called to order at 2:30 p. m. by President Copeland. A paper setting forth the history of homœopathy in Russia, written by Dr. Serkoff, was read by Dr. Copeland.

Dr. Ripley, President of the Wisconsin State Board of Medical Examiners, was presented to the Alliance.

Dr. Wilson of Chicago, First Vice-President of the Alliance, was called upon for a paper, and instead made some remarks in reference to the work of the Alliance. He stated that in his opinion the work of the Alliance be divided into three parts, college work, political work, and educational work.

On motion of Dr. Cobb it was voted to instruct the Secretary-Treasurer to send bills to the various colleges for their pledge of $50 to the Treasurer of the Alliance. On motion of Dr. Cobb the President was advised to make arrangement to appear before the various National, Educational and Hygienic Bodies for the purpose of a better representation of the work done by the homœopathic schools of the country.

On motion of Dr. Sieman it was voted that our midyear meeting be open to members of other schools excepting when the College Alliance is in Executive Session.

Moved and seconded that we proceed to the election of officers President, Dr. R. S. Copeland of the New York Homœopathic Medical College; First Vice-President, Dr. W. H. Wilson of Hahnemann Medical College, Chicago; Second Vice-President, Dr. J. J. Tuller of Hahnemann Medical College, Philadelphia; Secretary-Teasurer, Dr. C. A. Burrett of Ann Arbor.

Moved and carried that the Executive Committee be instructed to arrange for the stereopticon exhibit for the meeting of the American Institute of Homœopathy at Atlantic City which shall consist of pictures of educational interests of the various colleges and hospitals of the United States. Meeting adjourned.

# American Institute of Homœopathy

## TRANSACTIONS

OF THE

## SIXTY-NINTH SESSION

HELD IN

DENVER, COLORADO

JULY 6-12, 1913

AND THE

## INSTITUTE JOURNAL, VOL. VI

JULY, 1913-JUNE, 1914

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CHICAGO, ILLINOIS, U. S. A.

1914

WHEN ONE HAS TO DO WITH AN ART THE END OF WHICH IS THE SAVING OF HUMAN LIFE, ANY NEGLECT TO MAKE ONESELF THOROUGHLY MASTER OF IT IS A CRIME.

—*Hahnemann*

# Authorized Definitions.

Regular Physician. —A graduate of a regularly incorporated medical college. The term also applies to a person practicing the healing art in accordance with the laws of the country in which he resides.

President John W. Dowling, M. D.

(Transactions of 1881, pp. 23, 68 and 74)

Homoeopathic Physician. - A homœopathic physician is one who adds to his knowledge of medicine a special knowledge of homœopathic therapeutics and observes the law of similia. All that pertains to the great field of medical learning is his, by tradition, by inheritance, by right.

Secretary Eugene H. Porter, M. D.

(Transactions of 1899, pp. 57, 102)

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In June, 1881, and in June, 1899, respectively, these definitions were ordered published conspicuously in the Transactions each year.

# American Institute of Homœopathy.

## HISTORICAL NOTE.

In July, 1843, the *New York Homœopathic Physicians' Society* issued invitations to the homœopathic physicians of the United States to meet in general convention in the city of New York for the purpose of forming a National Homœopathic Medical Society. The invitation was responded to by a considerable number of the leading homœopathic practitioners of the country, who, according to previous arrangement, convened in the Lyceum of Natural History in New York City, on the 10th day of April, 1844, the eighty-ninth anniversary of the birth of the illustrious Hahnemann.

The convention was organized by electing Constantine Hering, M. D., of Philadelphia, Pa., President; Josiah F. Flagg, M. D., of Boston, Mass., and William Channing, M. D., of New York City, N. Y., Vice-Presidents; and Henry Dunnell, M. D., Secretary.

The following resolution was unanimously adopted:

*Resolved*, That it is deemed expedient to establish a society entitled "*The American Institute of Homœopathy.*"

John F. Gray, M. D., was elected General Secretary of the Institute, and S. R. Kirby, M. D., Treasurer.

The Convention having accomplished the object for which it had assembled, on motion, adjourned, *sine die*.

Immediately after the adjournment of the Convention, on the evening of the 10th day of April, 1844, at the call of John F. Gray, M. D., General Secretary-elect, the First Session of the *American Institute of Homœopathy* was held. Josiah F. Flagg, M. D., Boston, Mass., was elected Chairman, and A. Gerald Hull, M. D., New York City, N. Y., Provisional Secretary.

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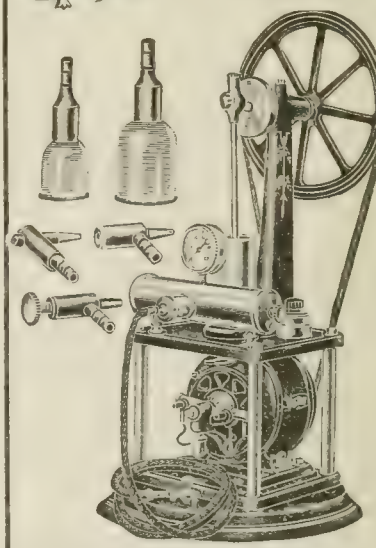

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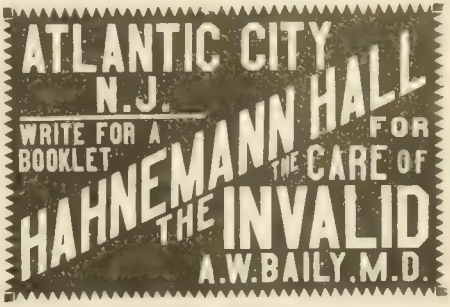

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†See amendment proposed. Jour. Oct., 1913, p. 326.

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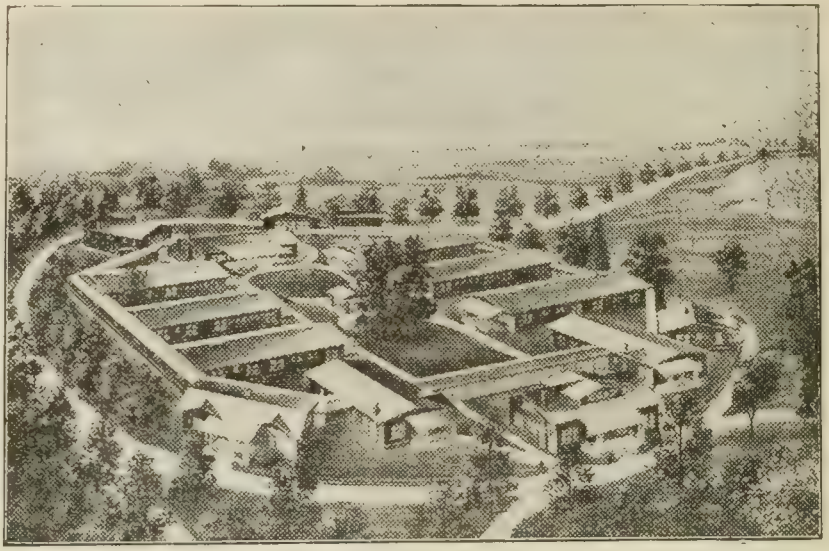

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